Appendix C

Evaluation

of the

New York Non-Emergency Transportation Program

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Evaluation

of the

New York State

Non-emergency Medicaid Transportation Waiver

Under Authority of the Health Care Financinn Administration

Section 1915 (b) of the Social Securitv Act

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EXECUTIVE SUMMARY

The Office of Medicaid Management (OMM) at the New York State Department of Health (NYSDOH), contracted with the University at Albany, School of Public Health, for the evaluation of the New York Non-emergency Medicaid Transportation (NYNEMT) waiver. Thomas Reizes, a Masters of Public Health student at the School of Public Health developed the evaluation tool used, conducted the evaluation and prepared this written report.

The NYNEMT waiver program established under the authority of Section 1915(b) of the Social Security Act is intended to help counties contain the costs of Medicaid transportation while maintaining *access to medical care* and *qualify of transportation services.* The evaluation and written report are required by the Health Care Financing Administration as a condition of approval of the waiver program, and provide an assessment of *cost effectiveness, access to care,* and *quality of transportation sewices* provided. This report offers recommendations for improvement and hopes to provide baseline data for future assessments.

The evaluation began during Fall 2000 and covered the time period of calendar years (CY) 1997 through 1999. This period was chosen because the county fiscal year runs January through December, and gave the most complete data for analysis. Data was gathered during site visits made to nine local Department of Social Service (DSS) offices and five transportation vendor offices during November and December 2000. Interviews were conducted with all lead DSS and vendor transportation liaisons in each participating county. Cost data used for analysis are from NYSDOH Medicaid transportation expenditure data and the original county waiver applications prepared by the counties and submitted to the State.

The initiatives evaluated include the joint waiver program for Albany, Rensselaer and Schenectady Counties (the Capital District), and individual county waivers in Chenango County, Chautauqua County, Greene County, Herkimer County, Ontraio County and Orange County. **All** of the initiatives evaluated utilize the "Coordinated" model to contract for Medical Assistance transportation services, except Orange County, which used the "Competitive Bid" model. **A** number of counties also incorporated regional rate-setting activities during implementation of the waiver. Unique initiatives include the Orange County program, limited to dialysis patient transportation, and the Greene County program, limited to the provision of taxi services for ambulatory beneficiaries.

The waiver initiatives have proven successful in meeting cost containment needs while maintaining *access to care* and *quality of transportation sewices* that are comparable to that prior to the waiver. This is particularly true within rural counties where initiatives have provided a guaranteed rider-ship for counties that sought to develop rural transit systems such as Chautauqua, Chenango, Herkimer and Ontario. Similarly, the waiver is well suited for controlling costs in the transportation of defined populations such as dialysis patients in Orange County. However, a planned Orange

County initiative seeking coordinated transportation for Methadone treatment clients received insufficient bids, suggesting limited use of the waiver for fragmented Medical Assistance transportation services.

Cost Analysis

The seven (7) initiatives currently operating under the NYNEMT waiver program resulted in a total savings of **$7,608,130.87** during the three years of non-emergency transportation expenditure data analyzed (Note: only full CY of cost data were used in the cost analyses. If an initiative began during a calendar year, the analysis began for the period beginning the subsequent CY). This represents a significant cost savings. However, there still remains an untapped source of savings since only nine (9) of **62** counties in NYS currently participate in the waiver program.

Of the seven initiatives evaluated, only Chautauqua County's first full year of waiver experience did not reach a 5% savings, a benchmark set by the Department of Health. However, Chautauqua County did save over four percent **(4%)** and in subsequent years showed sufficient savings in excess of the targeted five percent (5%).

Orange, Herkimer and Chenango Counties all showed cost savings in excess of 10% for all three full years of cost data analyzed. The Capital District initiative showed a cost savings in excess of 10% for both full years of cost data analyzed, and Ontario County's cost savings was in excess of 10% for the first two of the three full years of data analyzed. Finally, Chautauqua County's second full year and Greene County's only full year of cost data showed savings in excess of 10%.

All of the nine initiatives reported increases in utilization that were attributed to a number of factors including, diminished availability of services within the county, better promotion of the Medicaid transportation assistance program, and the introduction of Medicaid managed care. Utilization increases were significant in Chautauqua and Greene Counties where contracted rates for services needed to be renegotiated after implementation, of the waiver initiative.

In addition to increased cost efficiency associated with coordination and route consolidation, group transports and increased use of public transportation were positive outcomes under the waiver. Counties reported additional "hidden" savings in the form of workload relief and removal of the burden associated with transportation activities. While the majority of counties (Chenango, Greene, Ontario and Orange) chose to continue to handle prior authorization/approval activities, only Greene reported their role in the initiative as still "labor intensive."

A notable cost saving initiative employed by many counties is the "no-show" warning procedure. A 'no-show' is a term used by transporters to describe the situation when a planned transport does not occur because the beneficiary is not home or refuses the trip when the vehicle arrives at the beneficiary's residence. A number of

counties have chosen to handle repeat offenders (two or three incidents during a short period of time) by placing them on temporary probation and requiring that they call and confirm all transportation arrangements the day before. In a proactive effort, Ontario County encourages all beneficiaries to call and confirm any and all transportation appointments the day before. This has worked well for them and they reported a significant increase in the number of confirmation calls they receive. In addition, all of the counties and vendor/brokers report that beneficiaries have responded quickly and cooperatively to the "no-show" warning letters and very few incidents have required a second or third letter and probationary measures.

Finally, defined hospital discharge procedures, monthly reporting, meetings and audits of transportation services, increased use of cheaper modes of transportation when appropriate and defensive driver training for insurance discounts are all identified by counties as methods for increasing cost efficiency.

Access to Care and Quality of Transportation Services

It is the determination of the evaluator that ***access*** *to* ***cafe*** and ***qualify*** *of transportation* ***services*** have not been compromised in any way under the Freedom of Choice waiver initiatives. Additionally, ***access*** *to* ***care*** has been reinforced through the establishment of rural transit systems in Chautauqua, Chenango and Ontario counties where transit systems were failing or did not previously exist. Furthermore, ***qualify*** *of transportation* ***services*** remains comparable to that which existed prior to the implementation of waiver, and in some cases; has improved over what existed prior to the waiver.

With the exception of Greene County, all vendor/brokers were able to meet all contracted transportation service provisions without fail. The Greene County program identified difficulties stemming from "local political issues" with regional taxi providers as the main problem in consistently maintaining the minimum number of sub-contracted providers. This issue been recently addressed and at no time has beneficiary access to medical care been compromised in Greene County.

Where counties haven't contracted for particular types of transportation to be serviced under the waiver, they handle them as they had prior to waiver (e.g. air-ambulance in the Chautauqua County and the Capital Distrcit, Non-Dialysis transportation in Orange County). Or the counties have contracted for them separately (e.g. Ontario County for out of county trips).

All counties reported experiencing periods of adjustment during start-up and/or transition between brokers. Planning meetings and observance of **DSS** operations or previous vendors seemed to ensure a shorter and more trouble free transition. Similarly frequent, open-communication between transportation providers and DSS personnel appear equally important in identifying and promptly resolving problems.

All initiatives evaluated provide adequate phone-lines and phone coverage for prior approval/authorization activities and beneficiary assistance, trips are authorized in a timely manner, and pick up and travel times are appropriate. Interpretive services are available through all initiatives evaluated, however, vendor/broker and DSS interviews suggest that these services are not utilized, nor in demand. Clear "off-hour" and urgent care procedures (primarily for hospital discharge) and sufficient transportation fleets were also found to be central to maintaining *access to care.*

Vehicle maintenance standards are well established and monitored across all initiatives. Programs primarily rely on semi-annual **NYS** Department of Transportation (DOT) inspections. Vendors who own their vehicles universally employ pre/post trip mileage and maintenance checklists, scheduled, preventative maintenance plans, and keep mechanics on staff. Additionally, initiatives follow all Article 19A New York Stare Department of Motor Vehicle requirements for maintenance of driver abstracts and record keeping, and many vendor/brokers employ Article 19A inspectors on staff. Additionally, all vendors reported maintaining full maintenance and repair history and insurance records.

All initiatives had defined grievance procedures and provide notification to beneficiaries of their right to fair hearings. The level of complaint and grievance tracking varied largely across the initiatives. Some counties tracked any and all complaints while others only tracked what they considered valid grievances and complamts. All DSS and vendor/brokers expressed satisfaction with their counterparts, in regard to grievance investigation and resolution activities. All grievances have been addressed without the need for fair hearing.

Additionally, beneficiary satisfaction surveys have proven extremely valuable to vendor/brokers and DSS personnel, and provide an understanding of beneficiary attitudes that complaint logs or grievance records cannot reflect.

Most DSS and vendor/broker personnel take beneficiary understanding and knowledge of the grievance process for granted. Many believe that if a Medicaid recipient knows how to call and make arrangements for transportation, they or their representatives know how to complain. However, contrary to this idea, a beneficiary satisfaction survey conducted in Ontario County found that grievance process understanding and knowledge amongst their clients was quite low. As a result Ontario reinforced their grievance procedures by putting them in writing and publicizing their standardized incident report form which is filled out for all complaints received from drivers, health care providers and beneficiaries alike. Some counties provide information on grievance procedure and the right to fair hearings in bus schedules, others include information on transportation confirmation mailings, and others include them on "no-show" warning letters.

Programmonitoring is performed in a variety of ways, including random calls to prior approval/authorization personnel, riding of routes and monthly sampling of the ridership inquiring about appropriateness of transportation. All are effective in providing

a clearer picture of he *qualify of services* and *access to care* which Medicaid beneficiaries receive.

Finally, driver "in service" training has been identified by vendor/brokers and DSS personnel as effective in providing transporters a better understanding of the vehicles they drive and the populations which they handle. Particularly effective training which have been identified include sensitivity training, behavior management, cardio-pulmonary resuscitation, defensive driving, emergency/catastrophe procedure, and preventative maintenance procedures.

Considerations

The evaluation of the vendor/broker and DSS efforts to ensure *qualify of transportation* and *access to care* is limited to the information these agencies share with the evaluator. If there are not "hard" procedures which have been realized and formally put to paper, the best the evaluator can do is to trust the word of the agency providing the information. To this end, the majority of the agencies I met with were forthcoming and candid. There were incidents where vendors noticeably felt pressure, and were hesitant and reserved in their responses. However, more frequently they were helpful and willing to provide any assistance possible, and on occasion were simply unable to clearly see how many daily operations served to ensure *access to care* and *quality of service* when put in the correct context.

Comparability of *access* and *qualify of service* has clearly been maintained and in many cases improved upon under the waiver. The waiver seems to show greater benefit when applied either to a defined and manageable population such as dialysis patients who receive recurrent transportation in predictable patterns, or when providing comprehensive non-emergency transportation for a county. Additionally, the benefits of this waiver to help establish or reinforce public transit systems in rural counties is clear, and careful, well thought out planning with free exchange of information between initiative participants is central to a smooth transition and start-up.

Conclusions

- Increased *cost efficiency* associated with transportation coordination, route consolidation, group transports and increased use of public transportation were positive outcomes under the NYNEMT waiver.

- A large source of savings for the state remains untapped as these seven (7) waiver initiatives only represent nine (9) of 62 counties within NYS.

- Removing the responsibility of transportation coordination from the local DSS offices, (which are ill suited to perform such duties), *is* both *cost effective* and labor efficient.

- *Access to care* and *qualify of transportation serwices* have not been compromised in any way under the **NYNEMT** waiver initiatives evaluated.

- *Access to care* and the *quality of transportation serwices* has been reinforced through the establishment of rural transit systems in Chautauqua, Chenango and Ontario counties where transit systems were failing or did not previously exist.

- Beneficiary satisfaction surveys have proven valuable to vendor/brokers and DSS personnel, and provide an understanding of beneficiary attitudes that complaint logs or grievance records cannot reflect.

Recommendations

Recommendations for improvement of the waiver program are based on practices taken from each initiative evaluated, are as follows:

- Utilization data should be collected and should include tracking of the recurrent vs. demand trips, number of trips completed, cancellations both proper and improper ("no-shows"), mode of transportation used, and number of miles traveled, all of which have been shown useful in determining subtler aspects of utilization.

- "Hard" written procedures for grievance filing, investigation and resolution; preventative maintenance plans including provisions for driver competency; and after-hour discharge and urgent care transportation arrangement procedure should be developed if they don't already exist.

- Proactive education of clients, transportation providers and healthcare providers regarding client rights, benefits, and procedures for proper cancellation of trips, filing of grievances, after-hour discharge and urgent care procedure.

- Local DSS offices and vendor/brokers should provide outreach and information on grievance procedure and the right to fair hearings on bus schedules, in all vehicles and on all "no-show" warning letters.

- Dial-A-Ride style curb to curb service is recommended for rural counties seeking to provide economical and flexible coordination of grouped rides.

- Pre/post beneficiary surveys should be adopted to provide both baseline and follow-up data to monitor for improvement or other changes in satisfaction.

- Beneficiary-surveys should not only be limited to satisfaction, but should also inquire about clients knowledge and understanding of their rights and benefits.

- **Rural counties as a source for training, materials and resources should utilize** the **NYSDOT's Rural Transit Assistance Program (RTAP).**

- **Recommended driver training to improve *quality of transportation services* include sensitivity training, behavior management, cardio-pulmonary resuscitation, emergency procedure, and preventative maintenance procedures, and defensive driving (which also provides an insurance discount).**

ALBANY, RENSSELAER AND SCHENECTADY COUNTIES

Background

The Albany, Rensselaer and Schenectady County Department of Social Services (DSS) use the "Coordinated" model for transportation delivery and employs the offline reimbursement Schedule E method for billing. ACCESS, Inc., a subsidiary of the Capital District Transportation Authority (CDTA), currently holds the contract for brokering non-emergency Medicaid Transportation for Albany, Rensselaer and Schenectady Counties (the Capital District). This represents the only joint waiver currently employed under the New York Non-emergency Transportation Program.

The Counties were brought on over the last four **(4)** months of 1998, in an attempt to ease transition, beginning with Rensselaer County in September, Schenectady in October and Albany in December. According to **DSS** personnel, this seemed a short period to assimilate all three counties transportation programs, but they were not confident it could have been done any other way.

Prior to the waiver, the counties provided Medicaid transportation on a demand basis. However, some attempts were made to cut costs and increase efficiency. Rensselaer experimented with carving up the county into zoned regions in order to "mix the sour with the sweet," (e.g. rural runs with downtown Troy runs). Rensselaer found coordination to be labor intensive work, which they had essentially no experience in. Schenectady had planned broader transportation services for all DSS beneficiaries (not just Medicaid) for a couple of years prior to the introduction of the waiver, but never realized their vision. All counties identified the DSS as a less than ideal venue for transportation coordination and DSS personnel as less than ideally qualified to do it.

According to **DSS** personnel, the transition planning mainly consisted of a lot of verbal communication. ACCESS met with medical facilities over the summer of 1998 to notify them and passed out cards with the number to call for transportation. Initial problems with phone coverage, and the large job of taking on three counties during a short period created problems for ACCESS early on; however, counties claimed that problems were quickly worked out as evidenced by a decrease in complaints.

Beneficiaries were notified of the change in services via mailings and newspaper ads run in the major newspapers in each county. New beneficiaries are notified at time of application and re-enrollment.

The Capital District represents a very diverse region including three mid-size urban areas and a large expanse of suburban and rural territory. Additionally, decentralization of services and extremely territorial transportation providers complicate consolidation and coordination efforts in the Capital District. ACCESS notes that no one transportation company wants all of the work for a particular mode of transportation, and this was exemplified by the fact that of all the non-emergency transportation RFP's that ACCESS put out to bid, only the dialysis contract received sufficient bids. For Calendar Year 2000, ACCESS completed 405,000 total trips: 218,000 were handled by fixed

route mass transit on CDTA buses, **117,000** were handled by ambulette, **68,000** transports were done with taxis and **2,500** trips were handled by ambulance.

Prior to the waiver, each county used a different system for rate setting according to transportation mode. Currently, as many as **30** zones exist from prior to the waiver. This creates a situation where rates for unusual trips (often one-time trips) are determined by triangulating time expenditure (including the time it takes for transportation to get to and from the location a trip originates), what existing rates are in the zone the trip originates (where the client is picked up) for a particular transportation mode and where the trip culminates. This adds up to an inconsistent formula and a lot of work to coordinate and set a rate for a trip that may not ever be duplicated. Beginning in **2002** ACCESS plans to rezone the Counties and consolidate rates for wheelchair and stretcher vans and taxis.

Cost Analysis

The "Costs prior to Start-up" figure in the following table are based on the New York State Department of Health Claim Detail Special Report Subsystem for Albany, Rensselaer and Schenectady Counties, with "additional off-line payment information" from each County. The figure was annualized from data for a three **(3)** month period, July, August and September **1996.** (Albany/Rensselaer/Schenectady Medicaid transportation Freedom of Choice Waiver Application *9110197)*

As shown in the analysis below, the Capital District project exceeded the basic criterion for cost efficiency under the waiver by well surpassing the minimum targeted 5 percent savings over the "Anticipated Expenditures without Waiver Implementation." When taking into consideration the cumulative **NYS** Medicaid annual percent increase since implementation of the waiver, a total savings of **$1,440,284.36** was realized during the **two** full calendar years of cost data analyzed.

There were no additional start-up costs identified for any of the three counties. However, all of the counties did identify hidden savings in removal of the burden of coordinating transportation themselves. The counties characterized adoption of the waiver as an overall easing of the workload, thus, freeing up a number of **DSS** employees in each county to do other jobs.

Schenectady DSS identified a freeing of clerk time which no longer is spent on transportation; however, the two DSS personnel who previously worked on transportation still do. Rensselaer DSS identified as many as three and a half (3.5) full-time DSS workers who have been re-assigned and Albany **DSS** identified four **(4)** full time and one (1) part-time clerk whose time have been freed for other duties by going to the waiver.

County: Albany/Rennselaer/Schenectady			
Costs Prior to Start-up[1] $1,923,810.00			
Year	**1997**	**1998**	**1999**
NYSDOH Medicaid Annual % increase	1.72%	3.19%	6.41%
Cumulative NYSDOH Medicaid Annual % Increase (Summation of annual NYSDOH Medicaid Annual % Increase)	1.72%	4.91%	11.32%
NYSDOH Medicaid Annual % Increase Adjustment (Costs Rior to Start-up * Cumulative NYSDOH Medicaid Annual % increase)	$33,089.53	$94,459.07	$217,775.29
Anticipated Expenditures wlo Waiver Implementation (AE without WI) (Costs Rior to Start-up + NYSDOH Medicaid Annual % Increase Adj.)	$1,956,899.53	$2,018,269.07	$2,141,585.29
Target Expenditures (-5%) [AE without WI - (AE without WI * 5%)]	$1,859,054.56	$1,917,355.62	$2,034,506.03
Actual Expenditures[2]	No Data	$1,004,232.00	$1,715,338.00
Difference Between Anticipated and Actual Expenditures (AE without WI - Actual Expenditures)		$1,014,037.07	$426,247.29
%Change [(Actual Expenditures-AE without WI) / AE without WI]		-50.24%	-19.90%
Total Savings Under the Waiver for the Period Analyzed		$1,440,284.36	

[1] Medicaid Transportation Freedom of Choice Waiver Joint Application for Albany, Rennselaer & Schenectady Counties submitted 9110197

[2] Source: fU2 Schedule E for: Jan1998-Dec1998; Jan1999-Jun1999 and Jul1999-Dec1999 for Albany, Rennselaer and Schenectady Counties

- Cost Control Mechanisms

In addition to consolidation of all three (3) counties' transportation needs into a coordinated effort, ACCESS has enhanced the capacity to perform coordination with software applications that assist in scheduling trips. This enables ACCESS to schedule recurring trips well in advance and fill in demand trips as needed.

In an attempt to defer costs and in response to complaints from transportation providers, ACCESS adopted a defined "no-show" procedure. When an "incident" occurs, the beneficiary receives a warning letter that notifies them of the need to properly cancel transportation within **24** hours of the appointment. If a beneficiary is a no-show twice in a 30-day period, they receive a letter notifying them they will be required to call in the day before any future scheduled trip to confirm, or the trip will be automatically canceled.

Prior to the waiver, contracting with taxi companies proved very problematic. The Albany County DSS had no taxi company that would deal with them because, taxi companies not wanting to utilize the Medicaid payment system, which Albany was using. Under the waiver, ACCESS has been able to effectively contract with the taxi companies in and around the Capital District. As a result, many elderly clients who did not require wheelchair or stretcher vans, but couldn't take the bus, have been moved to taxis which has saved a lot of money (i.e. **$4-8** vs. $30) while still maintaining curb to curb service.

Since implementation of the waiver, there has been a decrease in the cost per trip. Initial startup of ACCESS counterbalanced the savings, but the promise of savings is there. Outside funding and grants cover ACCESS, costs of operation, and counties are charged or reimbursed if actual costs are over/under 10% of contracted fees. This came into play recently when early deficits brought on by faulty state expenditure data, caused the Counties to underestimate the cost of projected services and under pay ACCESS. At the time of this report, all previous deficits have been corrected, and the Calendar Year **2000** only shows a small deficit from contracted rates (less than the **10%** buffer).

- Utilization

The counties require the Broker to provide utilization and cost reports. According to DSS personnel, initial cost reports had problems, but assistance from Medicaid personnel helped ACCESS to improve and produce accurate and detailed reports. Albany DSS thinks there is more the Broker can do to help their reports reflect the different types of trips that are driving utilization in a variety of ways (e.g. breaking recurrent trips by mode of transportation).

According to reports from the Broker, there has been an increase in utilization. However costs have essentially remained the same since prior to the waiver according to the counties. The Traumatic Brain Injury waiver has been identified

as a strong driver for increases in utilization. It is suggested that each client eligible under this waiver runs an estimated 25-30 trips per month, most of which are non-medical. Dialysis has also been identified as a portion of Medicaid eligibles which has increased. Another driver is speculated to be increased awareness of program. ACCESS responded to increase in the volume of calls with increases in staff and phone-lines.

ACCESS to Care

The Broker is responsible for all prior authorization activities. The contact phone numbers used by beneficiaries are the same numbers previously used by each county for transportation arrangements. Six (6) phone handlers answer the phones with the assistance of an extensive computer operated phone distribution system which channel phone calls to the next available phone handler on a first-come basis. Two ACCESS employees handle all coordination activities with the subcontracted providers.

The computer system tracks the number of calls received, the length of time in seconds that it takes for each call to be answered, the number of calls that are abandoned by clients. Totals are then calculated daily in half-hour increments. This helps the Broker to identify any problems with their phone answering system and is an excellent example of a concrete method for monitoring ACCESS.

Additionally, ACCESS management occasionally monitors phone ACCESS by calling in to check response time, the way in which phones are answered (i.e., "smile in your voice, identify yourself, consistency and customer orientation.") The analysis of "Call Profile Summary Reports" show that 86% of calls are answered within 90 seconds.

The Broker's regular hours of operation are 6AM-8PM Monday to Friday. It is preferred that beneficiaries make transportation arrangements at least 2 days in advance, *off-hour* transportation requires 24hour notice. Additionally, pick-up, drop-off, return and total trip times are appropriate for the waiver as verified by limited complaints.

Further ensuring ACCESS to care, the Broker also has written procedure in place for *off-hour* and *urgent* care, and has provided explicit guidelines for the night crew who service *off-hour* calls. In cases where prior authorization is impossible (e.g. for *off-hour, urgent* care transportation requests,) post-authorization should be sought on the next business day after transportation is requested or delivered. According to the DSS, *urgent* care situations has been handled very well by the Broker, who has made sure that they are covered with as little notice as possible. All modes of Medicaid transportation are handled by ACCESS except for long distance trips, air ambulance, and emergency ambulance, all of which are still covered by the County DSS offices.

Rounding out Broker efforts in monitoring and improvement of ACCESS to care, the Broker performs monthly trip verification checks and quarterly beneficiary

satisfaction phone surveys. Trip verification checks are done one day out of every month when a random sample of riders from that day are called and surveyed regarding aspects of their trip, including punctuality, travel time, etc.

The quarterly beneficiary satisfaction survey conducted during October 2000 was the most recent completed at the time of the interview. According to the report results, "response was good," and the Broker received "better than **good"** ratings for dependability. Phone services were rated good or excellent by **71%** of those surveyed. Transportation services also received 71% good or excellent ratings.

Demographic information was also collected, allowing the Broker to better analyze the population they serve, identify and determine "important areas of concern." Overall, customer ratings were very good, and most of those surveyed were satisfied with the "service and the personnel who provide it." Counties were unaware of beneficiary survey done by ACCESS. This type of monitoring was not required by the contracts.

Quality of Transportation

ACCESS, Inc. serves strictly as a broker of transportation services for the three county DSS offices within the Capital District. Thus, they own no vehicles and hold approximately twenty (20) subcontracts with various transportation providers throughout the Capital District. These include two (2) ambulance companies, seven **(7)** ambulette companies (wheelchair and stretcher vans), and a number of local taxi companies.

The subcontracted transportation providers are required to comply with all federal, state and local ordinances at all times. Verification and monitoring of compliance are limited to maintenance of contractors insurance records and all contractors are required to submit driver abstracts for all of their drivers to ACCESS. Beyond this, ACCESS relies on a vocal Medicaid community to notify them if problems with service exist.

While county staff do not ride the routes, there was talk about county workers riding the ambulettes. There also has been talk about shadowing vans, ambulettes etc. Counties have relied on the reports from ACCESS, but haven't gone out during business hours to listen to them taking their calls. However, DSS personnel noted, "driver and dispatcher courtesy comments are very positive. Customers say that drivers are generally courteous and very helpful. Vehicle safety comments are positive."

Grievance Procedure

All complaints and grievances are to be handled by ACCESS (occasionally the DSS offices have to refer clients to ACCESS in this situation). If the beneficiary or provider is not satisfied with the resolution, ACCESS directs them to the County DSS office that the beneficiary is enrolled through. If a County DSS

office disagrees with ACCESS, the Broker will follow the directive handed down by the DSS. "They (ACCESS) realize we **(DSS)** are paying the bill."

Beneficiaries are notified and educated regarding grievance procedures and their right to **a** fair hearing when they receive a "no-show" incident letter. Additionally, DSS personnel note that "Medicaid clients are pretty savvy."

Information about fair hearings is also included in the Medicaid packet beneficiaries receive when they first enroll. However, **DSS** personnel do acknowledge that the Medicaid packet "is quite complex and there are number of forms to fill out," and commented that the beneficiaries probably "don't read them, just fill in the blanks." To date, there have been no requests for fair hearings under the waiver. However, it is not clear on how beneficiary knowledge and understanding of grievance process is ensured. Rather, the DSS and ACCESS depend on the client or a representative to know they can complain.

According to the counties, the most common complaint they receive is from clients who can not get through **to** ACCESS. Prior to the waiver, Albany had four phone lines; when ACCESS started, they had only one. This problem has been corrected. Additionally, the counties received a lot of complaints early in the waiver about taxi companies regarding cleanliness and driver behavior. According to the counties, this has ceased, noting ACCESS has impressed upon the taxi companies that they must respect the Medicaid clients as highly as the private population. "Hopefully, the drivers transporting the public are getting the message that these are fare paying people."

Many complaints that are made regard a misunderstanding of what is actually required by the contract, or what is actually covered under the Medicaid. This may involve a misunderstanding of pick-up, drop-off, return and total travel times, or may involve the level of care provided by the drivers. For example, transporters are required to assist patients on and off the transport vehicles and in and out of the home or facility. A complaint was filed against a transporter who wouldn't assist in moving a client from their wheelchair to the dialysis chair. In this case, some transporters will assist and some won't but, under the waiver, they are NOT required to.

According to Rensselaer DSS personnel, complaints are very few. The number is "miniscule, I can't think off the top of my head anything that is major..." noting, "everybody's gonna be late sometimes." All of the DSS personnel noted very low rates of complaints in the last year of the waiver indicating that ACCESS has gotten transportation coordination under control, and the DSS offices report that they feel as if they are kept in the information loop by ACCESS.

Opinions of the Waiver

County DSS ratings of the Broker were very good overall. For communication, coordination of trips, availability, pick-up/drop-off punctuality, transport personnel and coordination of routes ACCESS received a rating of very good. The transportation fleet and office personnel received ratings of excellent. Training and support for carriers is handled on a continuous basis and there are no complaints.

According to **DSS** personnel, the present situation is better than what used to be, coordination has undoubtedly helped, and the longer they (ACCESS) are in the business, the more coordination will occur. Overall they are happy with waiver performance and wouldn't change anything. When asked about their satisfaction with the job ACCESS has done, Schenectady DSS personnel commented, "Wonderful job, we want them to continue forever!"

Rensselaer personnel suggested that they would have liked to see ACCESS "stay with one county longer rather than integrating all three (3) counties with in 90 days." If they had it to do over again, they "would do it a little bit slower," noting that "it is working good, it can get nothing but better, it's keeping the cost down, compared to what our costs would be operating as individual counties, (DSS) see it as a positive thing." Schenectady commented that the waiver is the "absolutely best way to go, to take transportation out of the counties hands."

The Albany County DSS expressed concern whether the subtleties of who is responsible for payment are fully understood and taken into consideration. "No one from ACCESS ever came to our office and sat down and talked to us and listened to what we (the DSS) were asking." They just notified the DSS offices that they were taking over as of a certain date and to provide them with a list of their clients. "I don't think they put enough effort into seeing what the day-to-day operation was." Similar to the counties' inexperience with coordination techniques, "no one at ACCESS had any experience with taking Medicaid calls for transportation... they never came and listened to us talk to our clients."

ACCESS comments mirrored county concerns regarding the difficulty of consolidating all three counties within such a short period of time (four months). ACCESS agreed a longer assimilation time might have proved to be beneficial, but, like the DSS personnel interviewed, ACCESS management was still not sure if it would have worked out any better.

ACCESS management suggested that for such a large undertaking as this there should have been a planning study done and seed money incorporated to defer costs of start-up, noting that it took them two (2) years just to get enough data to do a financial impact analysis which they are just now completing. Additionally, ACCESS commented that they received a lot of pressure to consolidate all three counties at once, and feel

that it probably would have been beneficial to contract by county and then work to consolidate.

CHAUTAUQUA COUNTY

Background

The Chautauqua County Department of Social Services (DSS) uses the "Coordinated" model for transportation delivery and employs the offline reimbursement Schedule E method for billing. Transportation is coordinated by Chautauqua Area Regional Transportation System (CARTS). CARTS has always been a county department and has been operating as Chautauqua's main provider of public transportation since the 1970's. A division of the Department of Public Facilities, they became the coordinator of non-emergency Medicaid transportation for Chautauqua County in 1997.

In a movement towards County support of public transportation, the near bankrupt Jamestown Area Transit System (JARTS) and the failed Dunkirk system were incorporated into CARTS. The County stepped in with a plan to maintain and expand county public transit. The Medicaid prior approval system contract was seen as one element that could potentially help CARTS become the focal point of public transit in the county. When Chautauqua County put the coordination contract out to formal bid, CARTS outbid Empire Transit from Buffalo, NY, for the contract and have been doing it ever since.

CARTS handles all prior authorizations for Medicaid non-emergency transportation in Chautauqua County. However, CARTS only transports non-emergency wheelchair and ambulatory clients. No medical treatment is provided on any CARTS run transportation, oxygen is allowed if it is portable and maintained by the client or an aide. All non-emergency ambulance and stretcher van services are handled directly by the district.

The common medical market area for Chautauqua County includes the entire county, Erie, PA, and the Buffalo area. CARTS estimates 26 of every 1000 trips per month ride a "fixed route," and just under 50% of all trips utilize CARTS owned vehicles.

When CARTS took over non-emergency Medicaid transportation coordination and prior approval, CARTS employees were sent to DSS offices to observe and were trained on the billing procedures. In addition, representatives from DSS went to the CARTS main office to provide orientation and assist the CARTS staff in learning how to handle calls, check Medicaid eligibility and getting the system up and running. According to CARTS, transition time was short, but they are "not sure if (they) could have done it any differently." The structure and methodologies of how transportation arrangements were made were completely redesigned.

Cost Analysis

The costs prior to start-up are based on "program expenses claimed on RF2 Schedule E for January 1995 to December 1995", "additional claims on Schedule D for administrative payments to recipients who use a personal vehicle and bus tokens," and

"less the day treatment transportation expenditure." (Chautauqua Medicaid transportation Freedom of Choice Waiver Application 2/8/96)

County: chautauqua			
Costs Prior to Start-up [1]	**$880,306.00**		
Year	1997	1998	1999
NYSDOH Medicaid Annual % Increase	1.72%	3.19%	6.41%
Cumulative NYSDOH Medicaid Annual % Increase (Summation of annual NYSDOH Medicaid Annual % Increase)	1.72%	491%	11.32%
NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Start-up * Cumulative NYSDOH Medicaid Annual % Increase)	$15,141.26	$43,223.02	$99,650.64
Anticipated Expenditures w/o Waiver Implementation (AE without WI) (Costs Prior to Start-up + NYSDOH Medicaid Annual % Increase Adj.)	$895,447.26	$923,529.02	$979,956.64
Target Expenditures (-5%) [AE without WI - (AE without WI * 5%)]	$850,674.90	$877,352.57	$930,958.81
Actual Exwnditures[2]	$859,053.00	$823,583.00	$923,100.00
Difference Between Anticipated and Actual Expenditures (AE without WI - Actual Expenditures)	$36,394.26	$99,946.02	$56,856.64
% Change [(Actual Expenditures-AE without WI) / AE without WI]	-4.06%	-10.82%	-5.80%
Total Savings Under the Waiver for the Period Analyzed		$193.196.93	

[1] Chautauqua *County* Medicaid Transportation Freedom of Choice Waiver Application 2/8/96

[2] Source: RF2 Schedule E for: Jan1997-Dec1997; Jan1998-Dec1998; Jan1999-Jun1999 and Jul1999-Dec1999 for Chautauqua Cnty

As shown in the analysis above, Chautauqua County has met the basic criterion for cost efficiency under the waiver for the last two years of analysis, and came close to the targeted 5% savings over the anticipated expenditures during the first year of the

waiver missing by less than 1%. A total savings of $193,196.93 was realized during the three years of cost data analyzed.

No additional administrative costs were realized by the district during transition to waiver. Rather, as has been noted in other counties, there was a cost saving realized in the form of workload relief. In the case of Chautauqua County, this was equivalent to approximately 3 full-time **DSS** positions, which was seen **as** a "very real savings." Currently DSS has very little involvement in the day to day activities of non-emergency Medicaid transportation except in an advisory and oversight capacity.

During the period when CARTS took over Medicaid prior authorization and transportation coordination from DSS, CARTS was simultaneously incorporating routes in Jamestown (previously served by JARTS) and routes in the city of Dunkirk. Thus, additional start-up costs were inevitable and indirect to waiver implementation. However, this may have been a driver for actual expenditures exceeding targeted expenditures during the first year of the waiver.

Early in the waiver, there was concern with how CARTS was managing subcontractor costs. As a result, adjustments were made and, in the face of increasing demand, they were able to control costs in line, according to DSS. In 1999, the DSS performed an audit on CARTS that showed CARTS was incurring under the originally contracted rates. With the assistance of the New York State Department of Health (NYSDOH), the district was able to make an adjustment and effectively got CARTS out of the "hole" ($100,000 retroactive adjustment).

- Utilization

  The DSS does require CARTS to track utilization and cost data; however, the district does not require a monthly submission of the data. Rather, it is available on demand. The County stated they "depend on the CARTS 'culture of stinginess', to help guarantee that when there are requests [made for transportation], that transportation is arranged in the most cost effective [manner]."

  When assessing utilization issues in Chautauqua County, Medicaid managed care is a future concern. According to the County, mandatory managed care will begin June 2001 and should double enrollment in Medicaid from it's current level of 5,000 to 10,000 district-wide. DSS further commented they are confident that CARTS can handle that kind of increase in utilization.

  CARTS was questioned regarding their ability to meet utilization requirements when Chautauqua goes to mandatory managed care. CARTS replied that they and their subcontractors are aware that it is happening and they will make adjustments as needed. Everyone is aware and is contractually obligated to meet the need.

- Cost Control Mechanisms

CARTS considers "no shows" a major problem, and when a client has three or more "no shows" in a two week period, the client is sent a warning letter. The letter states that if the client wants to continue with transportation services, they must call CARTS and put themselves back on the list. According to CARTS, they are removed from the rolls as a regular client, but are in no way denied transportation. The client simply must call and notify CARTS that they desire to continue with transportation services. The mandatory telephone call required for beneficiaries to continue transportation is seen as an opportunity to provide beneficiary education. When the client calls to request that they be put back on the rolls, the client can be educated on proper cancellation procedure and why it is important to do **so.**

Additionally, CARTS carefully audits the bills to ensure that coordination is occurring that people who were supposed to ride together did ride together, and to insure that there is no over-billing by subcontractors.

Access to Care

CARTS is presently in charge of all aspects of the prior approval process, coordination and transportation under the contract, with the exception of non-emergency ambulance transportation which is still handled by the district. The CARTS prior authorization staff (medical staff) is well trained and adequate in size. Two telephone numbers previously used by DSS for Medicaid transportation arrangements are now maintained by CARTS and provide local toll access countywide.

It is requested that clients make transportation arrangements two (2) days in advance for typical "in county" trips, and five **(5)** working days for "out of county" trips. Calls for sick and *urgent* care are accommodated on an as needed basis (i.e. same or next business day service). Trips made in advance are encouraged to make their appointments during the week, but as long as a client's transportation arrangements are made in advance, the appointments can be any day of the week and any time of the day. This is also true for after-hour *urgent* care calls. Pick-up, arrival, return trip and maximum travel times are appropriate to the waiver.

After-hours calls for transportation receive a recorded message providing two numbers for beneficiaries to call: one number for wheelchair/ambulatory service and one number for ambulance service if required. CARTS noted that a large majority is for hospital discharge, "Often these calls come from staff at nursing homes or at WCA hospital and they are pretty familiar with how the system functions."

When asked if they monitor access to care in any way, the district commented that they do track complaints and continued that "if there is a problem we hear about it." Additionally, CARTS conducted a beneficiary satisfaction survey during spring-summer 1999. The surveys were sent to all Medicaid enrollees. The district commented that they plan a comprehensive beneficiary satisfaction survey before the end of 2001. There is a current effort in DSS to go to "across the board customer satisfaction

surveys." According to the DSS, this has been completed in one internal agency division and by next year, two more divisions will be doing regular quarterly surveys. CARTS will be one of them.

Rounding out efforts towards maintenance and improvement of access to care, CARTS employs two interpreters. While there is a large Hispanic population, and some migrant flow, they don't participate in Medicaid heavily.

Additionally, CARTS has developed a Dental Van, out of Tri-County hospital in Gowanda, and there has been discussion of expanding routes to connect with Erie County.

Quality of Transportation Services

The County (as CARTS) owns all of their own vehicles, all of which are subject to standard semiannual NYS Department of Transportation (NYSDOT) inspections and is compliant with all Article 19A NYS Department of Motor Vehicles requirements. CARTS provides further attention to maintaining quality of transportation services through strict standards and tracking vehicle utilization and maintenance. All drivers are required to fill out a pre-post inspection sheet, which is to be handed in for each shift a vehicle is used. These sheets help to track the mileage *so* mechanics can be aware when vehicles are due for scheduled maintenance and inspections, and provide immediate attention to problems when they come up.

Additionally CARTS provides extensive driver training programming which is administered to the driver staff through the NYSDOT resource for training and funding, and clearinghouse for training materials, which includes a lending library.

CARTS is a pilot demonstration project for the NYSDOT Rural Transit Assistance Program (RTAP) program and is funded to do regional training programs for drivers and trainers at no cost. Jamestown is a regional training site for transit drivers and CARTS has one part-time and one full-time trainer on staff. The training programs provided include: New driver orientation, pre and post trip inspection training (both hands on and classroom), defensive driving, wheelchair training (mobility aide/securement/ with passenger assistance and sensitivity training), sensitivity training for customer service and for physically and mentally handicapped clients, fire and evacuation training for regular and wheelchair passengers, and bloodborne pathogen awareness training. They are planning to do disaster protocol and provide all drivers training on any new vehicles and maintain lists of which drivers have had which training.

Additionally, the RTAP Driver Trainers mirror trips, observe loading and handling of clients, make sure drivers are doing the pre and post trip inspections, ride the routes to observe driving skills and handling of passengers. The RTAP trainer also fills out a daily form, which tracks the drivers they have observed on any given day. While Chautauqua did include a provision for random monthly site visits in the waiver contract, none had been made by the DSS liaison.

- Grievance

  All grievances are handled by CARTS and any received by the DSS are referred to CARTS. While CARTS is not required to track complaints under contract, they do have a hard procedure in place which involves a separate complaint form log that medical staff complete when a grievance is reported.

  The grievance follow-up procedure seemed well defined and may involve driver and route observation checks previously mentioned. The situation is observed and discipline, recommendations or changes are made as necessary.

  According to CARTS, initial "growing pain" complaints typified the complaints received. The majority of complaints (estimated 9 out of 10) were attributed to a client misunderstanding what they are entitled to or in the case of facilities, what is actually required of the coordinator under the waiver contract (i.e. maximum travel and wait times). There were some complaints regarding the clients comfort level during transportation. CARTS received no complaints on condition of the vehicles. Treatment of the client has been an issue. Driver attitudes toward beneficiaries have been the cause of some complaints emphasizing the importance of sensitivity training. During the first eleven (11) months 2000, CARTS only had seventeen (17) complaints, a decrease from the previous two years. Additionally, DSS expects no more than six (6) complaints annually.

  If/when a beneficiary is denied a service, the case is given to the fair hearing specialist who notifies the beneficiary of how to proceed getting their case on the docket. To date, there has only been one fair hearing under the waiver involving a person who lived within (5) miles (10 miles roundtrip) of the appointment and had a vehicle in the household. The trip was not a recurring trip, thus policy deemed the client ineligible for transportation, it went to fair hearing and CARTS was supported in their determination.

According to DSS and CARTS personnel, CARTS is usually able to handle complaints without assistance from the DSS. DSS and CARTS do have periodic meetings where problems and issues are discussed and if an issue arises that requires immediate attention, it is handled in a similar manner.

Opinions of the Waiver

CARTS rates the DSS as being excellent regarding communication, availability, response time (note: usually within the same day), and grievance handling. DSS rates CARTS' performance overall as very good with respect to communication, availability, and consistency of service provision. Regarding response time to requests for *off-hour* service, DSS has no complaints, and rated CARTS fleet as fair to good overall and notes excellent maintenance. CARTS treatment of Medicaid recipients was rated as good overall, personnel ability to handle the Medicaid population was rated as fair to

good and coordination of travel routes and group travel **is** rated as good. The CARTS medical staff is reputed to have an excellent rapport with the **MA** clients.

When asked about their opinion of how the waiver has performed to date, the DSS commented, 'Very well, we don't want it back." They continued that they would like to include some efficiency and effectiveness indicators in the next contract (e.g. to determine if CARTS is getting utilization out of the staff positions they bargained for.)

When asked what they would change about the waiver contract if they had the opportunity to start over, CARTS commented on the bidding process they are required to engage in with potential sub-contractors and identified the state municipal cap requiring that any contract over $25,000 must go out to bid as the main issue. They also commented that they would like to be able to discipline the "no-show" clients, as it effects their overhead and is a REAL problem. Another concern of CARTS, is verification of doctor recommendations for transportation. "A lot of the time the doctors don't understand transportation." CARTS feels as though their hands are tied when it comes to a disagreement with doctors over what mode of transportation an individual beneficiary requires.

CHENANGO COUNTY

Background

The Chenango County Department of Social Services (DSS) employs the "Coordinated" model for transportation delivery under the non-emergency Medicaid transportation waiver and employ the offline reimbursement Schedule E method for billing. Chenago County Public Transit (CCPT), a subsidiary of Progressive Transportation Services, Inc., holds the contract for transportation coordination for the Medicaid transportation program in Chenango County.

A rural county, Chenago's only previous public transit company (Towne and Country Transit) ceased operation in April 1997, threatening an extreme increase in costs for the County's Medicaid transportation system. In preparation, the County "solicited proposals for a single contractor to operate a countywide bus system," and Progressive won the contract and assumed operation as CCPT in May 1997. At that time, CCPT also assumed coordination for all non-emergency Medicaid transportation through the freedom of choice waiver for the Chenango DSS. They also contract separately for home meal delivery for the Office of the Aging, and the Mental Health carve out.

In preparation for the waiver, the Chenango DSS transportation personnel made field trips to the headquarters of Progressive and modeled many of their methods after Progressive's operations in the southern tier. Additionally, personnel from CCPT made visits to the DSS office.

Under the waiver, the DSS remains in charge of all prior approval of Medicaid transportation services and CCPT is responsible for all providing transportation and coordination of County Medicaid beneficiaries medically necessary trips. Beneficiaries were notified of the change in services via a mailing and clients are notified at enrollment and re-enrollment.

Changes made to the waiver since initial implementation include adding stretcher van service and air transport. In addition, the service area was expanded to include contiguous and non-contiguous counties (Broome, Cortland, Delaware, Onondoga, Madison, Otsego). The service area is outlined in the contract.

The expansion in service area was brought on by the fact that there is only one local hospital in Chenango County and many services are not available. Any beneficiaries requiring methadone maintenance, eyeglasses, dental, dialysis and high-risk births all must go out of county. However, the services are all available in contiguous counties within the service contract area. These include dialysis centers in Binghamton (Broome County), Basset Hospital in Cooperstown (Otsego County), and high-risk births in Binghamton and Syracuse (Onondoga County). Dental clinics in local hospitals within Chenango County are also perpetually booked causing Medicaid beneficiaries to seek dental treatment outside of the County.

There are seven **(7)** fixed bus routes which start in Norwich (the County seat) and go throughout the County. However, many obstacles prevent use of fixed routes for Medicaid trips. In fact, not more than **10%** of all Medicaid trips are done with fixed routes. Most trips are done by stretcher or wheelchair vans and the Dial-A-Ride program (prearranged curb-to-curb service).

Cost Analysis

The "Costs Prior to Start-up" figure in the following table is based on cost data provided by the New York State DSS Medical Assistance Reporting System (MARS) Report for the calendar year (CY) **1996** and the transportation costs. The expenditures for taxi service from the federal fiscal year (FFY) October **1994** to September **1995** were also included. (Chenango Medicaid transportation Freedom of Choice Waiver Application **7/31/97**)

As shown in the analysis below, Chenango County has exceeded the basic criterion for cost efficiency under the waiver by well surpassing the minimum targeted 5 percent savings over the "Anticipated Expenditures Without Waiver Implementation." A total savings of **$872,707.92** was realized during the two **(2)** full years of cost data analyzed.

No additional startup costs were realized during waiver implementation. Hidden savings realized through CCPT's coordination of transportation has enabled DSS to eliminate one **(1)** full time staff person and coordination activities are seen by **DSS** personnel as far more efficient than possible if the DSS were responsible for it.

- Utilization

  CCPT collects monthly utilization data, and **DSS** has been satisfied with content. The reports come over with the contract billing allowing the DSS to perform what they call a monthly audit of coordination activities.

  Utilization drastically increased just before the **DSS** contracted with Progressive (the company DSS previously worked with drastically decreased available transportation). While there was not a drastic increase in rider-ship until the last year, an immediate increase in trips made occurred just by virtue of the presence of additional vehicles provided by CCPT.

  A variety of utilization factors have been identified including a decrease in the availability of medically necessary services within Chenango County, better promotion of the program (including outreach done by CCPT, contracted for) and a subsequently broader awareness of the program. In addition, many Medicaid clients also have caseworkers at DSS who know about MA Transportation and they coordinate with them. The out-of-County trips also serve drive costs of the trips completed.

County: Chenango			
Costs Prior to Start-up[1]	$486,315.00		
Year	**1997**	**1998**	**1999**
NYSDOH Medicaid Annual % Increase	1.72%	3.19%	6.41%
Cumulative NYSDOH Medicaid Annual % Increase (Sumtion of annual NYSDOH Medicaid Annual % Increase)	1.72%	4.91%	11.32%
NYSDOH Medicaid Annual % Increase Adiustment (Costs Rior to Start-up • Cumulative NYSDOH Medicaid Annual % Increase)	$8,364.62	$23,878.07	$55,050.86
Anticipated Expenditures w/o Waiver Implementation (AE without WI) (Costs Rior to Start-up + NYSDOH Medicaid Annual % Increase Adj.)	$494,679.62	$510,193.07	$541,365.86
Target Expenditures (-5%) [AEwithout WI - (AEwithout WI * 5%)]	$469,945.64	$484,683.41	$514,297.57
Actual Expenditures[2]	$270,453.00	$178,851.00	$467,323.00
Difference Between Anticipated and Actual Expenditures (AEwithout WI - Actual Expenditures)	$224,226.62	$331,342.07	$541,365.86
%Change' [(Actual Expenditures-AEwithout WI)/AEwithout WI]	-45.33%	-64.94%	-13.68%
Total Savinns Under the Waiver for the Period Analyzed		$1,096,934.54	

[1] Chenango County Medicaid Transportation Freedom of Choice Waiver Application 7/31/97

[2] Source: RF2 Schedule Efor: Jan1997-Dec1997; Jan1998-Dec1998; Jan1999-Jun1999 and Jul1999-Dec1999 for Chenango County

- Cost Control Mechanisms

  CCPT does not consider no-shows to be a significant problem; however, the vendor and the DSS do employ a semblance of a no-show procedure. The DSS is notified of cancellations and more importantly of no-shows. First time no-shows receive a phone call warning. If the beneficiary continues to miss appointments, letters are sent. The DSS has told clients that the vendor could bill them (the clients) back for being no-shows.

  Additionally, reports listing trips accomplished is provided as feedback to the county for purposes of doing monthly audits to ensure access and to monitor for waste or fraud.

Access to Care

One DSS employee is responsible for all prior approvals for Medicaid transportation. The process operates in the same manner as prior to the waiver. The single contact phone number used for making transportation arrangements is the same as before implementation.

The regular hours of operation for both prior authorization through DSS and non-urgent transportation activities through CCPT is Monday to Friday, 6AM to 6PM. An answering machine operates during all off-hours (nights and weekends). Callbacks to arrange transportation or provide post-approval are made on the following business day. *Urgent care* transportation is available 24 hours a day, 7 days a week.

All off-hour transportation service is handled by Superior Ambulance, with CCPT taking over the paperwork as if it handled the transportation. Even though Superior only provides ambulances and ambulettes, the minimal volume of off-hour services makes using Superior more economical than the potential costs of using CCPT's fleet and more reliable than using taxi companies. Furthermore, it is believed that for regular service, CCPT vehicles are more reliable and available than any taxi service in the area.

Non-urgent, non-emergency transportation arrangements (including Dial-A-Ride service) must be made 24 hours in advance by beneficiaries through DSS. The prior approvals from DSS must reach CCPT by 3PM the preceding day so planning and coordination can be accommodated. Prior approvals received after 3PM the preceding day are handled "as available," and to date, CCPT have not had an incident where they were not able to meet the need.

Transportation pickup window, riding time, and destination arrival times are appropriate to the waiver and outlined in the "Services Standards" section of the contract in addition to the guidelines for transportation requests previously discussed. CCPT provide for compliance with the Americans with Disabilities Act through "route

deviation" of fixed routes, and all vehicles are equipped with wheelchair lifts and tie-downs. Information regarding opportunities for persons with disabilities are included in CCPT in fixed route schedules along with instructions for making Dial-A-Ride arrangements.

CCPT has not found the need for interpretive services in Chenango County, but DSS does have services available. Additionally, there has not been a beneficiary satisfaction survey done, but CCPT does note that they have received a lot of feedback from clients saying how happy they are to have transportation. Furthermore, CCPT notes that they are engaged in a number of service improvement initiatives and feel that it is premature to do a satisfaction survey and commented that it was not required by the contract, but was not adverse to the idea, CCPT management was confident that they were implementing new procedures that they feel will improve satisfaction.

Rounding out efforts in assuring access to care, CCPT only shuts down due to inclimate weather when the entire county shuts down. Radio announcements are made if CCPT will not be running as of a future effective time. In such cases, dialysis patients have received precedence and scheduled trips are completed while other trips are canceled. In addition, DSS believes that CCPT has been looking into expanding routes throughout other counties.

According to CCPT management and going against reports of other vendors operating under the waiver in other parts of the State, keeping employees hasn't been a significant problem for them. CCPT notes that pay and benefits are competitive within Chenango County. Additionally, when there have been shortages of staff on the DSS side, CCPT has always been there to pick up the slack and make sure things run smoothly according to DSS personnel, CCPT can check eligibility, determine need, etc. if there is a problem with DSS staff. This results in beneficiaries being able to set up transportation with minimal hassle, and it is reportedly faster to arrange transportation than prior to the waiver.

Quality of Transportation

CCPT owns the vehicles used for 90% of their transports. Currently, they are in the process of upgrading all of their vehicles and equipment, and purchased eight (8) new buses in the last six (6) months.

CCPT holds six (6) main subcontracts, Superior in Chenango handles all off-hour transportation services. There are primary and auxiliary providers in each of the five areas that are in the common medical market area, Broome, Cortland, Delaware, Madison, Otsego, and Onondoga Counties. However, not more than 50% of the trips go out of the county for services.

CCPT and all of its subcontracted providers are subject to New York State Department of Transportation (NYSDOT) inspections every 6 months. Additionally,

CCPT has regular internal inspections of the vehicles scheduled every 2000 miles; 4000 mile oil changes; 10,000 mile brake pulls; 40,000 mile transmission check; 30,000 oil and fuel filter changes.

All CCPT vehicles are checked on a per shift basis. During any 12 hours, there may be as many as 3 drivers, thus that bus would be checked 3 times. Each driver completes a before/after check sheet including mileage and functional operation of the vehicle and it's safety features including operation of the wheelchair lift.

To ensure maintenance efforts, CCPT operates a large garage on site, and employ 2.5 full-time mechanics on staff, with plans of hiring another PT mechanic. Additionally, they have one employee who washes the vehicles inside and out each week. This was verified visually by the evaluator. CCPT management commented, "We have a nice garage and I like to show it off."

Other self-monitoring and internal quality control methods employed by CCPT include providing drivers with daily run sheets. CCPT drivers pick-up their run sheets at 4pm the preceding day. Scheduled transit times are coordinated and the drivers go over their run sheet when they pick it up to make sure that proper time is allotted for transportation. Radio communication and frequent contact is maintained with drivers throughout the day to monitor the process and progress. This is especially important during the winter regarding feedback on road conditions, which allows others drivers to anticipate their ability to complete future trips, and recognize need for rescheduling.

As a point of practice, all transportation (MA or not) is treated the same. Pick up times have to be adhered to, and those sheets show the appointment times for all the MA clients. "Proof is in the pudding, and when you don't have problems, something is going right."

CCPT maintains all Article 19A files, including annual driver abstracts, driver physicals, and drug compliance information. CCPT has an Article 19A trainer on staff. The 19A trainer provides training with all drivers on a number of skills including wheelchair skills and the annual 19A "behind the wheel" training. Similar to the test taken by a driver to be licensed, the "behind the wheel" training helps alert CCPT to any bad habits a driver may have picked up out on the road during the past year and provides a venue for re-instruction and reinforcement of good driving skills. CCPT management comments that it "gives (them) a record that the driver was tested a year ago and that she or he is physically and mentally alert enough to drive a bus."

Additionally, CCPT provides annual cardiopulmonary resuscitation (CPR) training which is part of Progressive's own initiative to increase quality of services provided (it is not required by the contract). CCPT is also planning on providing sensitivity training, and is searching for the correct venue and trainer. It had been determined that CPR and wheelchair training were tantamount. CCPT also has drivers complete a defensive

driving course every three (3) years, and note that 10% discount on insurance helps with cost savings.

When asked if they provided any training in the handling of **MA** populations for their special needs, CCPT management said there hadn't been anything formal, but noted that they are "always looking for the opportunity to do formal training because it reinforces positive things that people need to do."

CCPT did have the Council on Aging come down and give a talk to all the drivers about dementia. **As** mentioned previously, CCPT has a contract for meal delivery with the office of aging, for which they received a variety of sensitivity training, but they expect broader training (not just focused on the elderly) of that sort.

Additional monitoring of subcontracted vendors is accomplished through familiarity with the local companies' equipment and is suggested to be just short of an inspector's level. **As** previously mentioned, Superior Ambulance is the main subcontract and operates less than half a mile down the road from CCPT headquarters. CCPT also uses one of Superior's supervisors for certain driver safety training.

The Chenango County DSS maintains informal monitoring of CCPT through daily phone contact and occasional meetings on an as needed basis, which reportedly has been very low. According to both the DSS and the vendor, communication lines are very "open." DSS and vendor liaisons are working out bugs on a daily basis. According to DSS, they and the vendor connect frequently on all levels, noting that the vendor is very good about notifying DSS if there are no-shows or cancellations to help maintain accurate reports

Additional **DSS** efforts for monitoring quality of transportation include route checks and identify verbal feedback from healthcare providers, homes and community based organizations (i.e. their staff riding the routes,) as important sources of information.

The Chenango County DSS feels CCPT goes above and beyond what is expected. They identify the thoroughness of out-of-state Medicaid trip arrangements as an example of this. CCPT makes all arrangements (e.g. Ronald McDonald house, hotel, plane tickets, etc.) "They have so many contacts and ways to find that."

- Grievance Procedure

  The Chenango County DSS handles all grievances, and stated that the number of complaints about transportation service dropped immediately upon CCPT implementation, noting that they had received only a few major complaints in the last four **(4)** years. CCPT reports issues immediately and usually resolve problems within a day. **"We** are suck a small county.. . our clients are very vocal and if things aren't going right, we (DSS) are called first and they (the beneficiaries) deal very directly with CCPT too."

Grievance investigation and resolution guidelines and standards are explicitly specified in the contract. Additionally, CCPT also tracks all complaints for their own records. These include guidelines for investigation protocol and acceptable time frames.

Grievance and resolution responsibilities are clearly assigned and carried out by both the **DSS** and the vendor. Furthermore, beneficiaries are notified of their grievance and fairhearing rights through notices sent out for every transportation request made (whether approved or denied). There has been one **(1)** fairhearing, however it was not clear if it was during the waiver period. It was ruled in favor of DSS.

The variety of complaints include those from providers who transported unauthorized trips which result in non-payment, drivers complaining about problem clients, and complaints from formerly contracted proprietary ambulance services who wanted to increase rates. The **DSS** had old rates on file which weren't cost effective. Because there were no legitimately set rates for the ambulance service, Chenango DSS set new County rates with the assistance of Timothy Perry-Coon at the NYSDOH.

Opinions of the Waiver

The DSS rates the waiver experience as "exceptional" saying **"it's** been the best thing we ever did for transportation here [Chenango]." "The waiver has worked very well for our County.. . after our previous experience, the biggest thing for us as social services is the staff aspect. It has more than covered the cost for us just in the relief of stress involved in arranging and coordinating transportation. It was a clumsy process before because **DSS** staff were doing it. Staff who were doing it didn't have the experience or the knowledge, and we were expected to be both a transportation expert in the coordination sense, as well as in a medical sense of determining what was needed and this is not in the **DSS** realm of expertise."

When asked what they would change about the waiver if they had the opportunity to start over, DSS management commented, "I can't think of anything, it's been **so** wonderful. It works very well." They continued, "Previously working with the other agency was awful. It was immediate relief, just from an administrative perspective. The coordination and arrangement process was terribly difficult."

The DSS rated the vendor as being excellent in providing communication and feedback, on availability, pick up punctuality, handling of grievances and their transportation fleet. At the time of the interview with Chenango County liaisons, there had been onlyone accident under the waiver (on an icy, snowy day). CCPT notified the County within the hour and even sent a beneficiary to the hospital to be checked just as a precaution. The DSS also noted that CCPT "has been excellent in identifying those

cases" where a companion is required for a client. Additionally, when an aide is required/approved, CCPT has notified DSS when an aide has not performed their duties adequately, facilitating a solution to the problem.

According to DSS personnel, many wheelchair clients were very resistant to starting up with CCPT, but to CCPT's merit, they've "won these clients over with their service." Clients were used to getting transportation in whatever mode they desired. The DSS notes, without the waiver, the costs would skyrocket particularly with so many services being provided outside of the county. They further suggest that because of the existing "freedom of choice" clients have in choosing their healthcare providers, many clients choose to go out of county for services that are provided within Chenango.

When CCPT management was asked if there was anything they would change about the waiver contract, they commented "No, [we're] satisfied.. .the relationship that this office has had with DSS has been beneficial for both of us, never feel as though anyone's hands are tied. The opportunity hasn't presented itself for us to notice any need for changes, and there is no reason to expect it will be any different in the future."

The Vendor rated the DSS as excellent in communication and feedback, availability, response time, and grievance resolution. The vendor commented that they haven't had a problem with **DSS** decisions regarding mode of transportation or allotment of aides and commented that DSS is always open to being questioned regarding their decisions.

GREENE COUNTY

Background

The Greene County Department of Social Services uses the "Coordinated" model for transportation delivery under the waiver and employ the offline reimbursement Schedule E method for billing. Transportation services for Greene County are brokered by the Value Management Consultants Group (VMC) and are limited to the coordination of taxi services for ambulatory Medicaid beneficiaries in Greene County.

The way in which VMC was awarded the contract for the Freedom of Choice waiver created some controversy in Greene County. VMC began the waiver contract in August 1998 when it became an addendum to the County's Local Health Unit contract. Greene County legal counsel maintained that the RFP had been for the entire county, and any county department may be made an addendum to it.

This created resentment among the local taxi providers that VMC must subcontract with. Local taxi providers viewed VMC as an unnecessary middleman. The taxi companies felt there should have been an RFP done specifically around Medicaid taxi transportation. This became a problem of "local politics" which has characterized the waiver since it's beginning.

Contracting the taxi companies was difficult for VMC for reasons including:

- Initial outcry that a separate RFP had not been done for the contract.
- General lack of interest in participating as a subcontractor.
- Disappointment over the shift in reimbursement to fixed prices for all trips.
- Incendiary attempts on part of local taxi companies to create political and industry pressure on DSS and VMC (i.e. calling local politicians to complain, organizing other vendors to complain to DSS about VMC, refusing to participate on short notice.)

This set the stage for a difficult first two years, which in addition to being identified as a learning experience during the first few months of the contract, was also identified as a period of "putting out fires with sub-vendors."

Aside from issues with vendors, Greene County also faces issues of a rural county with unique geographic terrain, which includes Hunter Mountain. This creates "deadhead" time during up and down trips. Winter weather is also identified as an issue, and some local vendors have requested extra funding for four-wheel drive transports which would allow them to service roads previously unserviceable.

Finally, the common medical market area for Greene County is quite extensive. Many services required by Medicaid beneficiaries must be provided outside of the county. Beneficiaries are commonly served in Albany, Saratoga and Westchester Counties, and some require trips to New York City, Philadelphia or Boston for special cases.

Cos Analysis:

County: Greene			
Costs Prior to Start-up[1]	$253,940.00		
Yea	1997	1998	1999
NYSDOH Medicaid Annual % Increase	1.72%	3.19%	21.80%
Cumulative NYSDOH Medicaid Annual % Increase (Summation of annual NYSDOH Medicaid Annual % Increase)	**1.72%**	**4.91%**	**26.71%**
NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Start-up * Cumulative NYSDOH Medicaid Annual % Increase)	$4,367.77	$12,468.45	$67,827.37
Anticipated Expenditures w/o Waiver Implementation (AE without WI) (Costs Prior to Start-up + NYSDOH Medicaid Annual % Increase Adj.)	**$258,307.77**	**$266,408.45**	**$321,767.37**
Taraet Expenditures (-5%) [AE without WI - (AE without WI * 5%)]	**$245,392.38**	$253,088.03	$305,679.01
Actual Expenditures[2]	No Data	No Data	**$286,967.00**
Difference Between Anticipated and Actual Expenditures (AE without WI - Actual Expenditures)			**$34,800.37**
% Change [(Actual Expenditures-AE without WI) / AE without WI]			**-10.82%**
Total Savinas Under the Waiver for the Period Analvzed		**$34,800.37**	

[1] Green County Medicaid Transportation Freedom of Choice Waiver Application 7/18/97

'Source: RF2 Schedule E for: Jan1998-Dec1998; Jan1999-Jun1999 and Jul1999-Dec1999 for Greene County

[3] See Utilization discussion that follows.

The source for the "Costs Prior to Start-up" value in the above table is the "New York State Department of Social Services, Management and Administrative Reporting System (MARS) Report 1A, for Taxi Not For Day Treatment." The figure is based on cost data for the state fiscal year **1996-1997.** (Greene Medicaid transportation Freedom of Choice Waiver Application **7/18/97)**

As shown in the analysis below, Greene County has exceeded the basic criterion for cost efficiency under the waiver by well surpassing the minimum targeted 5 percent savings over the "Anticipated Expenditures Without Waiver Implementation." **A** total savings of **$34,800.37** was realized during the only full year cost data analyzed.

- Utilization

Since August **1998** when the contract with VMC started, there has been a significant increase in the number of trips approved, completed and the number of miles driven. While there are fluctuations from month to month, there has been an increase in the total of trips completed on the order of **150-200** per month since implementation of the waiver. Total number of trips completed in **1999** only slightly exceeded the total number of trips completed during the first ten months of 2000.

For the waiver period subject to this evaluation, Greene County's cost data analysis uses a "New York State Department of Health (NYSDOH) Medicaid Annual Percent Increase" of **21.8%** for CY **1999.** This reflects an increase of 21.8% in total miles driven to provide contracted transportation services for Greene County observed during the first nine months of the initiative. Monthly rates for the contract were renegotiated with the help of the NYSDOH and served to correct for increases in the overall costs (including an increase in fuel costs) for Greene County during initial waiver implementation.

Furthermore, total miles for paid trips for the period January to October 2000 exceeded the total miles driven for the entire year **1999.** Additionally, VMC noted that the nature of trips has been changing over the last few years: more trips during *off-hours,* growing territory of the common medical market area and hospital discharge practices were identified as issues.

VMC also commented they are confident they can meet any increases in utilization **as** well as any new addendum to the contract with Greene County and identify it as a possible incentive to sub-vendors. Because reimbursement is based on a fixed per trip rate for in county trips, an increase in "retail trips" (e.g. weekend, off hour and out-of territory trips which receive a supplemental reimbursement for loaded miles,) can serve to supplement the rates the taxi companies receive.

Mandatory managed care is also recognized as a significant utilization driver in Greene County. As many as 67% of Medicaid eligible are enrolled managed care, and utilization has increased by approximately 30%. The **DSS** noted that this increase coincides directly with the population that can utilize taxi service (primarily **SSI** recipients).

- Cost Control Mechanisms

Included in the **DSS** Medical Services Unit Transportation Policy and Procedure Manual are detailed requirements and descriptions of both **DSS** and VMC responsibilities and actions for financial record keeping and auditing, and "no-show" policy. In addition to the statistics discussed in the previous sub-section, other statistics tracked and reported on monthly reports include cancellations and "no shows."

No shows "are clearly defined as any one that does not properly cancel a scheduled pick-up with at least two hours notice and is not where they are supposed to be at the time of the scheduled pick-up. The purpose of the policy is to remedy the problem imposed by clients who do not provide sufficient notice of cancellation or simply do not show up for scheduled trips, and the extra program costs associated with this type of behavior.

Since the beginning of the waiver, the number of proper cancellations has increased. The number of "no shows" has decreased relative to the number of cancellations and showed a sharp and maintained decline from May 2000 through the time of the evaluation. Lengths are taken by the Vendor and sub-vendor to determine if a beneficiary's phone has been disconnected or if there is some other reason that they were not able to properly cancel a trip. Additionally, in the case of a third letter being mailed, there is an investigation done by the DSS.

VMC's plans to increase the number of sub-vendors have been met with continued problems with the taxi companies. VMC's philosophy is that with each new sub-vendor brought on, the territory covered by each sub-vendor is diminished, allowing for shorter trips and, in the event of problems with a particular sub-vendor, acts as a safety net and fewer beneficiaries are effected. Additionally, there were plans to incorporate "transfer points" to facilitate coordination efforts and decrease "out-of-territory" mileage.

As of the time of the evaluation, VMC had failed to maintain their contractual obligation of consistently providing no less than three sub-vendors. However, this is because of the elimination of a number of sub-vendors, including one who threatened short notice interruption of service if they did not get what they want (this resulted in immediate and permanent cessation of business with that provider.) This coupled, with the general scarcity of taxi vendors in the region,

has created a situation where some problem vendors are still used for emergency fill-ins in order for VMC to fulfill its contractual obligations.

A to C

The previously mentioned Medical Services Unit Transportation Policy and Procedure Manual additionally covers issues designed to help ensure access to care, including time frames for requests and service delivery, urgent care situations requests, and scheduling provisions.

Prior authorization services are handled by the DSS for all Medicaid services including the non-emergency taxi services covered under this waiver. Hours of operation are for transportation requests are 9-5 (M-F). Non-emergency and urgent care transportation are available 24 hours a day, 7 days a week.

The **DSS** requests that non-urgent, non-emergency transportation requests be made 2 weeks in advance but will be accommodated as late as 3 days in advance. Urgent care requests require 24 hour notice. If there is less than 24 hours notice for an urgent care request, VMC is not contractually obligated to handle the trip; however, they noted that they have been able to coordinate transportation for every urgent care request they have received. VMC is required to be available and to provide transportation 24 hours a day, 7 days a week. Additionally, pick-up, drop-off, return trip and maximum travel times are appropriate for the waiver.

The **DSS** prepared VMC for any potential "Y2K" issues by emphasizing the importance of dialysis appointments for patient health and made sure the sub-vendors were aware of this issue. According to VMC, there were no missed or late appointments to dialysis in the last year. Additionally, VMC includes a "Medically Critical Trips" clause (e.g. dialysis, radiation and chemotherapy) in their sub-contracts with taxi companies.

Rounding out their access to care monitoring and improvement **efforts,** the DSS did a Beneficiary survey of those who used taxi transportation just before implementation of the waiver in August 1998, to provide baseline numbers. The DSS is planning for VMC to do a subsequent satisfaction survey in 2001. The DSS employs interpretive services, but note they have a low foreign speaking population and that usually these clients have family members who can interpret for them. These recipients generally tend to be more conscientious overall, a sentiment purveyed by many of the DSS and Vendor personnel interviewed.

Quality of Transportation

The Medical Services Unit Transportation Policy and Procedure Manual also addresses issues aimed towards ensuring quality of transportation services. These include "inservice" (i.e. training), safety compliance, and complaints and grievances.

The "inservice" section details requires that **DSS** guarantee that all sub-vendor personnel attend a minimum of four **(4)** trainings per year, including at least one of the following: a) AIDS confidentiality, b) infection transmission and control, c) complaint resolution, and d) driver safety. VMC must "maintain a record of "inservice" attendance and training content in each driver's personnel file." These trainings are to be developed by the **DSS.** The safety compliance section requires that sub-vendors provide driver abstracts, verification of driver training courses including the required "inservice," and vehicle records including current registration and service records.

The vehicles used for the waiver are all privately owned by the subcontracted taxi companies, with the exception of two VMC owned vehicles, a **14** passenger van and **a** 7 passenger mini van which are required to meet their contractual obligations. VMC's subcontracts detail the sub-vendors' responsibilities regarding service, that they follow all state, federal statutes, rules and regulations, and that they meet reasonable safety standards. In addition, VMC performs an annual audit of transporters (July of every year), in order to review their licensing and check vehicles. In addition, an Article 19A inspector is part of their permanent staff.

The DSS sees continued education for beneficiaries, providers, sub-vendors and an increased level of follow-through as issues crucial to the success of the transportation waiver in Greene County. To this end, **DSS** and VMC were instituting monthly phone meetings with VMC to keep everyone on the same page. This effort began with an in person meeting which followed the evaluation interview.

Rounding out the efforts for quality maintenance and improvement, the DSS and VMC produce a newsletter for drivers letting them know about issues important to the program. They are also planning a newsletter for the providers that will include a message from the commissioner, and want to develop a newsletter for beneficiaries, which they would receive at least twice a year.

- Grievance Procedure

  As previously mentioned, the Medical Services Unit Transportation Policy and Procedure Manual includes an explicit complaint and grievance procedure. VMC handles **all** complaints and grievances from beneficiaries, sub-vendors, and medical providers, etc. VMC is required to record a detailed account, and address each complaint according to "established internal policy" within two business days. They are additionally required to bring the "complaint to resolution within five (5) business days except in unusual circumstances that preclude closure such as pending court action." VMC is also required to track all complaints and provide monthly complaint logs to the DSS.

  Beneficiaries are notified about the grievance procedure when they are enrolled and re-enrolled. Additionally, clients-are actively notified of the grievance procedure in the body of the "no show" letter if they receive one. There have been no fair hearing requests during the waiver period.

Late 2000 proved a difficult time because VMC had been realigning the subcontracts with taxi companies. Now the requirement of having three vendors will help VMC in the long run to provide the transportation that is required. According to VMC, the growing period is ending, and that fact is well represented in the complaint logs.

Opinions of the Waiver

The DSS still sees the waiver as "labor-intensive" and comments that 2001 will be all about the "fine tuning" education and follow-through in the form of monthly phone call meetings to help DSS and VMC to stay on same page. Both parties feel this will lead to a smoother, less labor-intensive environment, and help ease and solve some of the financial and cost issues. "We can't work under the crisis mentality," (e.g. Vendor issues, threats, disappointments, etc.). The DSS characterizes VMC's performance as "sometimes very good, sometimes O K noting that the ten days preceding the interview were "a disaster."

VMC feels as though their issues and concerns are very well heard and they get feedback (re: whether the DSS agrees with the issue and whether it falls under the contract.) "Cooperation from **DSS** has made it very easy to make it successful." VMC sees transporters as "a moving target" and agrees that education is an issue. They anticipate year three will involve doing what has been suggested (education, follow through, and vendor visits [planned for March **20011).** Recently, as shown by the complaint **logs,** issues have become controllable according to VMC.

HERKIMER COUNTY

Background

The Herkimer County Department of Social Services uses the "Coordinated" model for transportation delivery under the Freedom of Choice waiver and employ the offline reimbursement Schedule E method for billing. The first Non-Emergency Medicaid Transportation Freedom of Choice waiver for Herkimer County began in September 1996. The current waiver contract began September 1999 and is coordinated by Herkimer Progressive (hereafter referred to as the Vendor) who is responsible for all aspects of non-emergency Medicaid transportation for the County including authorization, coordination, dispatch, and the majority of transportation provision.

According to both the Vendor and **DSS,** the transition was very smooth and only required about a week of assimilation. This easy transition is primarily attributed to the fact that prior to the current contract, the DSS met with both the former and current vendors and laid out a transition plan well m advance of the "take over" date.

The three parties met with all of the main medical providers in the region, (e.g. nursing homes, hospital administrators and staff). Particular focus was placed on meeting with the hospitals in Herkimer's common medical market area including, Little Falls Hospital in Herkimer and Basset Hospital in Cooperstown (who serve southern Herkimer County) and St. Luke's Hospital in Utica (which serves northern Herkimer County, e.g. Old Forge, 60 miles from county seat). Basset and St. Luke's are outside of county. Little Falls hospital is identified as a "dying" hospital, forcing more beneficiaries to seek health care out of county, which serves to drive utilization.

Changes to the waiver contract during the transition between Vendors was limited to the elimination of air transport, because it was not utilized, and was seen as more effective if carved out of the present waiver. Additionally, effort was made to shift utilization from ambulances to the wheelchair and stretcher vans (note: an ambulance company held the previous contract).

Existing beneficiaries were notified of the change in services via mailed notices, and new clients were notified at the time of application. Notices were also mailed out to all the vendors, providers, physician offices, nursing homes, etc.

Cost Analysis

The "Costs Prior to Start-up" figure in the following table is based on Herkimer County "local records and RF2, Schedule E" report for calendar year (CY) 1993 plus the New York State (NYS) Medicaid annual percent increase of 9.9% for **CY** 1995. (Herkimer Medicaid Transportation Freedom of Choice Waiver Application 4/16/96)

As shown in the analysis below, Herkimer County exceeded the basic criterion for cost efficiency under the waiver by well surpassing the minimum targeted 5 percent savings over the "Anticipated Expenditures without Waiver Implementation."

County: Herkimer				
Costs Prior to Start-up[1] **$745,390.00**				
Year	1996	1997	1998	1999
NYSDOH Medicaid Annual % Increase	3.23%	1.72%	3.19%	6.41%
Cumulative NYSDOH Medicaid Annual % Increase (Sumtion of annual NYSDOH Medicaid Annual % Increase)	**3.23%**	**4.95%**	**8.14%**	**14.55%**
NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Start-up * Cumulative NYSDOH Medicaid Annual % Increase)	$24,076.10	$36,896.81	$60,674.75	$108,454.25
Anticipated Expenditures w/o Waiver Implementation (AE w/o WI) (Costs Rior to Start-up + NYSDOH Medicaid Annual % hcrease Adj.)	**$769,466.10**	**$782,286.81**	**$806,064.75**	**$853,844.25**
Target Expenditures (-5%) [AE without WI - (AE without WI * 5%)]	$769,466.10	$743,172.46	$765,761.51	$811,152.03
Actual Expenditures[2]	No Data	**$243,997.00**	**$298,746.00**	**$330,487.00**
Difference Between Anticipated and Actual Expenditures (AE without WI - Actual Expenditures)		**$538,289.8**	**$507,318.75**	**$523,357.2**
% Change [(Actual Expenditures - AE without WI) / AE without WI]		**-68.81%**	**-62.94%**	**-61.29%**
Total Savings Under the Waiver for the Period Analyzed			**$1,568,965.80**	

[1] Herkimer County Medicaid Transportation Freedom of Choice Waiver Application 4/16/96

[2] Source: RF2 Schedule E for: Jan1997-Dec1997; Jan1998-Dec1998; Jan1999-Jun1999 and Jul1999-Dec1999 for Herkimer County

Taking into consideration the cumulative **NYS** Medicaid annual percent increase since implementation of the waiver, a total savings of **$1,568,965.80** was realized during the three full **CY** of cost data analyzed.

According to the **DSS,** there were no additional startup costs related to the waiver. Rather, there was savings right from the start and additional "hidden" savings in relieving the full-time clerk who historically was responsible for coordination of the transportation program. Prior to implementation of the waiver, the DSS was responsible for all aspects of transportation approval and coordination. Under the waiver, one **(1)** fulltime and two (2) part-time **DSS** employees have been freed to do other things. The DSS transportation liaison spends no more than 30 minutes per day on the program and has freed her position up to do a lot of other things.

- Cost Control Mechanisms

  The **DSS** requires monthly utilization reports to be submitted along with the billing voucher, which outlines the number of total transports, the mode, pick up and drop off locations (the report is available by beneficiary). The **DSS** liaison monitors these monthly reports to ensure clients were eligible for transportation services, received the correct mode of transportation, and to check if there were any special requirements. This is also seen as a method of monitoring access and quality control.

  In an attempt to control "no-shows," which were seen as a small problem early in the waiver, the Vendor developed a form letter which is sent to the beneficiary whenever they are a "no-show" without a valid reason. The letter states that "if this happens three times" they "will no longer provide you with non-emergency transportation." While this is not acceptable according to Medicaid rules, the vendor has not had to send a third letter. Additionally, there is no mention of fair hearing procedure on the letter sent to no-shows. The vendor suggested that, if they had to send a third letter the case would immediately be referred to the DSS and they would determine how to proceed.

  According to the Vendor, "clients know they were wrong, and usually shapeup after the first or second notice." The problem is seen with people who have "intentionally not shown," who have been referred to as "perennial no-shows." As long as beneficiary contacts dispatcher to cancel at any time (even minutes before bus shows up) before their scheduled pickup, they will not be considered a no show, and added that there have been very few "no shows" under the current waiver.

- Utilization

  During the period 1996 to 1999, non-emergency Medicaid trips for the County has doubled. Surprisingly, mandatory managed care is not seen by the DSS as a driver for the increase in utilization. Part of the increase is attributed to adult

daycare for the elderly, part to dialysis, and partially to "knowledge of the program (spreading through) the communication between the clients and the providers, just knowing that the service is there." Additionally the shift in the provider availability in the area has some effect. As previously mentioned, Little Falls Hospital in the City of Herkimer is waning, and people are shifting their providers to hospitals in Utica and Cooperstown, creating a situation where more beneficiaries are eligible for transportation by virtue of the distance needed to travel to receive appropriate medical attention.

The hallmark of Herkimer Progressive is coordination. Scheduling is done daily for the next day, and is characterized by maximization of rider-ship, putting as many beneficiaries on one trip as possible. Flexibility is something they pride themselves in. The **DSS** commented that the coordination of trips that can be accomplished through the use of multiple passenger transport is great, and noted that this mode of transportation was not previously available in Herkimer County and added that traditional public transit is not very useful for this purpose.

Herkimer Progressive was able to sharply decrease the number of ambulance trips made under the waiver by providing extra wheelchair vans and stretcher vans, a mode of transportation not readily available in the region. Vendor re-screening of beneficiaries facilitated re-assignment to more appropriate modes of transportation.

According to utilization reports provided to the **DSS** by the Vendor, the most widely used mode of transportation is private car or bus, followed closely by wheelchair van. Stretcher van and ambulance are utilized significantly less than the first two modes, with stretcher van replacing ambulances as of 1999 as the third most utilized mode of transportation. A closer look reveals that utilization increases in wheelchair van trips are attributable to adult daycare noted as a primary driver of utilization for Herkimer County. Increases in stretcher van trips are attributable to dialysis, Most personal auto reimbursements are for methadone treatment patients.

Access to Care

As stated above, the Vendor is responsible for all aspects of transportation coordination. Prior authorization for transportation requests are available through a "1-800 number" available to all beneficiaries.

Transportation arrangements can be made up to 3pm the day before the scheduled appointment. Regular hours of operation are 6am and 6pm daily. ***Urgent*** care transportation is available on shorter notice. Primarily this is a return trip from a hospital for someone who went in as an emergency and needs to be discharged after normal hours.

After-hours, the **"1-800"** number is answered by an answering service, and someone capable of providing prior authorization is always on call, has a beeper and can be contacted for authorization purposes. Generally, clients requiring this type of transportation are returned home via a subcontracted vendor, usually a taxi. The Vendor notes that this is the most common use of outside vendors.

Guidelines for handling transportation requests (including hours of operation,. pick-up window and maximum riding time), age and quality of vehicles (including inspections, cleanliness and communications capability), requirements for drivers (including licensing, physical and moral capability and Article 19A requirements), and detailed complaint procedures for clients and transportation providers are included in the contract. According to the **DSS,** the only time service is suspended is in bad weather, and notes that providers shut down before Herkimer Progressive stops running.

Neither the DSS nor the Vendor has performed any formal beneficiary satisfaction surveys, commenting that beneficiary satisfaction is "measured by lack of complaints," noting, "If people aren't happy you hear about it." According to the Vendor they have not required language interpreters.

Quality of on

The Vendor owns most of the vehicles they use, and provides approximately 90% of the transports themselves. While they do provide wheelchair van service, they must subcontract for ambulance, stretcher vans and occasionally with a few, small, owner operated taxi companies. However, the taxi must already have Medicaid experience and authorization through a billing code.

The Vendor's parent company, Progressive, is a very large company with many years of experience handling transportation in New York State and across the country. They have detailed maintenance standards, employ a mechanic and Article 19A inspector. Vehicle maintenance is guaranteed through semi-annual inspections by the NYS Department of Transportation (NYSDOT), and annual Department of Motor Vehicles record checks. Subcontracted companies are subject to these same inspections. Additionally, drivers for Progressive are required to fill out daily in/out forms detailing the mileage and functional/physical condition of each vehicle they use before and after. These forms are submitted to the mechanics for monitoring and copies are kept on board the vehicles for driver reference, and serve a quality control function overall. Additionally, the Vendor provides in-service training to their drivers at their headquarters in Horseheads, N.Y., which include passenger sensitivity and clients with special needs training.

The Herkimer County DSS monitors quality of transportation issues through a variety of verbal and observational means. They depend on client and medical provider complaints as their primary source of information. The Vendor commented, "if

something is not right, we (Progressive) hear about it." Additionally, the DSS has done route checks, rode on routes in **1998** and **1999** under the first contract, and plan to during the current contract. Furthermore, county workers are able to observe van service at the county nursing home and are able to do spot checks on taxi service when they provide service to the DSS building. Beneficiary communication was emphasized as the main method of monitoring quality and access.

- Grievance Procedure

  Grievance mechanisms seem to be satisfactory, beneficiaries are notified of their right to grieve and have a fair hearing in the letter they receive at enrollment. There have never been any requests for a fair hearing during any period of the waiver. Additionally, there has never been the precipice to provide any beneficiary or client mouthpiece with instruction for filing a formal grievance, which provides for a conference with all involved parties and is the antecedent to a fair hearing. Both the DSS and the Vendor believed they were the primary venue that complaints should be lodged with; however, the general recommendation of DSS was for the client to try to work it out with the Vendor first.

  According to DSS personnel, "To say (complaints) are minimal would be an overstatement they are virtually nil." Both the vendor and DSS see the communication lines between them as "very open". Accordingly, the Vendor actively tries to keep DSS in the loop, and let them know if they can expect a call from a beneficiary. Additionally, the Vendor notes high satisfaction with the clarification of contractual rules and responsibilities provided by the DSS.

  The DSS asserted that complaint logs are maintained and available, and comment that the majority of complaints can be tracked to "demanding clients, demanding more than what can be reasonably expected."

  According to **DSS** personnel, there was only one complaint where the ride was too long that was deemed valid out of thousands of transports. The DSS talked to the Vendor about it and it was resolved and didn't happen again. In this case, the trip was **15** minutes longer than allowed by the waiver contract, and was an out of county trip.

Opinions of the Waiver

When asked their opinion of waiver performance to date, the DSS responded, "Very well, [the Vendor] does all the coordinating and transporting for **us,"** and noted, " we have not had any major problems." "We have had a good working relationship with the vendors we've had." They wanted to "emphasize how good it has been for us [DSS], financially... the burden, the workload, and more importantly for the clients... it's improved transportation for them." The DSS continued, "We had very limited

availability of vehicles, very few vendors before, and it was not unusual for appointments to be changed just because of unavailability of transportation." Additionally, the DSS say they "hear good things about the rapport of the drivers with the clients."

When asked what they would change about the waiver if they could start over, they responded, "Not a thing really, it has worked well from our perspective." "[Progressive] handles everything, the County only hears something when Progressive wants the county's opinion on something." The **DSS** also commented that coordinating transportation before the waiver was "really a horrendous job," noting that "it was really difficult to be making all these kind of arrangements for someone that really doesn't know transportation and transportation issues..." (i.e. the **DSS).** According to DSS, going to the waiver effectively provides double the number of trips for half the money, and asserted that Herkimer Progressive is doing it very efficiently and providing an even better service for the clients than possible otherwise.

While the DSS would change nothing about the existing waiver, the Vendor felt that the amount of lead-time they received for scheduling appointments was a bit demanding (3pm the day before). The Vendor cited frequent need to spend many additional hours each week rescheduling after late requests for transportation are made. "Even a day in advance would be nice... that would be ideal, even if they backed it up to noon the day before it would be a big help." They made a point to note that ***urgent*** care is always accommodated, but "we [Progressive] are always trying to get people to call further in advance."

The DSS rated both Vendors who have served during the waiver period as excellent overall with respect to communication, availability, and quality of transportation fleet. With respect to punctuality and *off-hour* response time, they had "No complaints," and commented that "if something was wrong we would have heard about it by now." Vendor rating of the **DSS** was similarly excellent overall with respect to communication, availability, and response time for assistance and/or support.

ONTARIO COUNTY

Background

The Ontario County Department of Social Services (DSS) employs the "Coordinated" model for transportation delivery and employs the offline reimbursement Schedule E method for billing. The County is in the early stages of developing a Transportation Office, which will incorporate all of the staff currently working on the waiver. This office will contract directly with DSS to provide the Non-Emergency Transportation for Medicaid as well as other populations not covered under the waiver but are covered by the Ontario County DSS. The current vendor is County Area Transportation System (CATS). CATS began their contract for under the Freedom of Choice waiver in January 1998.

Most of the areas of commerce and medical services are distributed across the northern part of the county, which is serviced by the NYS Thruway and other interstate routes and has well defined fixed route county public transportation services. However, the Medicaid population in this mostly rural county is primarily served by the Dial-a-Ride program. The Dial-a-Ride program is a demand service available to all county residents; however, Ontario County could not provide the Dial-a-Ride service without the guaranteed rider-ship of the Medicaid program. "People in the rural communities now can access (the community)." Dial-a-Ride covers about 50% of the Medicaid authorized trips in Ontario County.

According to transportation waiver personnel, the transition to the waiver was relatively easy and only a few weeks were needed to start coordination. Initially, there was some concern from DSS chiefs that Medicaid clients would not receive the level of care they required, and there were growing pains typically associated with a shift in service provision. As a result, the transportation program decided to do a Beneficiary Satisfaction survey at the end of the first year of the waiver.

Cost Analysis

The "Costs Prior to Start-up" figure in the following table is based on cost data provided by the Ontario County Department of Social Services (DSS) "records and financial management system" for the period November 1996 to October 1997. (Ontario Medicaid transportation FOC Waiver Application 2/27/97)

As shown in the analysis below, Ontario County has exceeded the basic criterion for cost efficiency under the waiver by well surpassing the minimum targeted 5 percent savings over the "Anticipated Expenditures Without Waiver Implementation." A total savings of $769,135.50 was realized during the three years of cost data analyzed.

Prior to the waiver, the county arranged and contracted for all transports themselves, employing as many as 10-15 individuals specifically for the purpose of coordinating and executing Medicaid transportation. Currently, the County employs no more than 3 individuals responsible for the DSS portion of the transportation program under the waiver. In other words, as many as 7-12 DSS employees have been freed to do other jobs.

County: Ontario			
Costs Prior to Start-up[1]	**$1,097,000.00**		
Year	**1997**	**1998**	**1999**
NYSDOH Medicaid Annual % Increase	1.72%	3.19%	6.41%
Cumulative NYSDOH Medicaid Annual % Increase [Summationof annual NYSDOH Medicaid Annual % Increase)	1.72%	4.91%	11.32%
NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Start-up * Cumulative NYSDOH Medicaid Ann'l % Increase)	$18,868.40	$53,862.70	$124,180.40
Target Expenditures (-5%) 'AE without WI - (AE without WI * 5%)]	$1,060,074.98	$1,093,319.57	$1,160,121.38
Anticipated Expenditures w/o Waiver Implementation (AE without WI) [Costs Prior to Start-up + NYSDOH Medicaid Annual % increase Adj.)	$1,115,868.40	$1,150,862.70	$1,221,180.40
Actual Expenditures[2]	$605,070.00	$996,680.00	$1,117,026.00
Difference Between Anticipated and Actual Expenditures (AE without WI - Actual Expenditures)	$510,798.40	$154,182.70	$104,154.40
% Channe [(Actual Expenditures - AE without WI) / AE without WI]	-45.78%	-13.40%	-8.53%
Total Savings Under the Waiver for the Period Analvzed		**$769,135.50**	

[1] Ontario County Medicaid Transportation Freedom of Choice Waiver Application 2/8/96

[2] Source: Schedule E Computation of Federal and State Aid on Medical Assistance RF2 Jan1997-Dec1997; RF2 Jan1998-Dec1998; RF2 Jan1999-Jun1999 and RF2 July1999-Dec1999 for Ontario County

- Cost Control Mechanisms

The County requires monthly utilization reports from CATS. In addition to number of trips completed, they also track "problem" cancellations and "no-shows" (sorted by client and alphabetically). In an attempt to decrease "no shows," the district encourages beneficiaries to call and confirm their trip the day before it is scheduled. As many as 40-60% of Medicaid beneficiaries are now confirming. This is up from an initial estimate of 10%. Properly cancelled trips are not tracked. Clients who are "no shows" three times are sent a warning letter. Overall, CATS sees "no shows" as "a mild problem," in its effects on overhead.

The Hospital Discharge and Non-emergency Ambulance Procedure is another feature that has been found to be a good cost control measure. Detailed procedure provides guidance to hospital staff to use a more cost effective and appropriate transportation mode for discharging Medicaid patients rather than automatically using the more expensive ambulance mode simply out of convenience. While it is not infallible and is dependent on recipients and diverse hospital staff being aware of these protocols, it has been well publicized along with the *After-Hours* Procedure to social workers, transportation coordinators, emergency room personnel and others involved with Medicaid beneficiaries.

- Utilization

Utilization figures have dropped sharply from estimates made prior to the waiver. County personnel suggested that original estimates for the waiver included all prior approvals, including six-month prior approvals. This caused initial estimates to suggest 70,000 trips annually. Currently only "completed trips" are counted and utilization figures have dropped from 60,000 in 1996 to only 37,000 completed trips in 1998 and 1999. However, the County does expect utilization to increase again due to increases seen in Ontario County's Medicaid enrollment (utilization is estimated at 38,000-39,000 for Calendar Year 2000).

Access to Care

Prior authorization services are handled by the DSS. The prior approval staff operates during hours well suited to the regular business hours kept by regional medical providers according to district personnel. Phone staffing for prior authorization is adequate and trained. The County offers multiple phone numbers providing no-toll coverage throughout the County. Additionally the County was able to maintain the same contact numbers used for transportation arrangement purposes before waiver implementation.

Non-urgent transportation is available between 6 AM and 6 PM weekdays, and non-emergency *urgent* care transportation is available 24 hours a day, 7 days a week. Pick-up, arrival and return trip times are appropriate for the waiver. The county also features hard, well-defined *After-Hours* Procedures for *urgent* care and hospital discharge as previously mentioned.

Initially DSS received incident reports well after the incidents occurred, due to conflicting messages from beneficiaries and CATS in grievance situations (primarily communication problems). DSS developed the Incident Report Form (IRF) about six (6) months into the waiver. Now, when a client complains, they are faxed or mailed a form to be filled out and returned to DSS. Subsequent resolution can be sought with CATS. "That [IRF] has improved our process so much...helped us find out where the breakdowns were.. . we have developed a very good rapport with the transport company in solving these breakdowns." The district sees the IRF as the single most important amendment to the waiver.

Rounding out DSS efforts to maintain access and improve monitoring of access, they also offer interpretive services and performs occasional site visits and (fixed) route checks. Just prior to the interview, the DSS liaison had just completed a site visit to observe a wheelchair bound Medicaid client being loaded onto a transport.

DSS also conducted a beneficiary satisfaction survey during the first year of the contract, which most notably measured beneficiary understanding of how to file a complaint. The district commented, "You always hear the complaints, this gives an opportunity to hear the good things too."

Quality of Transportation Services

CATS has managed public transportation in Ontario County since Fall 1996, and has been working directly with the Medicaid population in the County since January 1998. They maintain fixed routes that serve to link the main municipal areas in Ontario County, notably Canandaigua (the county seat) and other county areas offering needed medical services including Geneva, Victor and Clifton Springs. The Vendor comments that most trips are between Canandaigua and Geneva. Demand service is provided through Dial-a-Ride service which covers the rest of the county as well as trips which require timely patient arrival and/or benefit from coordinated group travel.

The CATS management provides additional attention to quality through strict standards and tracking of vehicle utilization and maintenance. Drivers are required to complete pre/post trip checklists reflecting mileage and vehicle condition each time the vehicle is used. Vehicle maintenance is regularly scheduled and CATS have had a 100% pass rate for semi-annual NYS DOT inspections during the past year and a half.

Recently, CATS has been upgrading older vehicles with brand new buses. All buses are lift equipped to ensure adequate access for the disabled. The Vendor is in full compliance with Article 19A as per the contract and maintains records of all necessary documents. The Vendor owns twenty-five (25) vehicles including sixteen (16) "passenger" vehicles, which accommodate two (2) wheelchairs each which seemed to be sufficient for the area and the population of Ontario County. Pre/post trip inspection books are kept on the buses, copies are kept in the office and on the bus for driver reference. Accident, repair, investigation, resolution records are all kept on file. Vendor management also performs random route and driver checks both announced and unannounced (shadowing). They subcontract for stretcher vans/ambulances and also with a cab company.

When CATS was asked how much advanced notice they needed for transportation arrangements to be made, they responded that 3pm the day before is adequate time for them to coordinate rides. This is well in advance of the 3- day advance scheduling preferred by DSS of the clients, and guarantees that coordination maintains flexibility. While CATS feels as thought they are working near capacity, they believe there is room to grow, and are able to handle increases in utilization should any arise.

- Grievance Procedure

  On the heels of the Beneficiary Satisfaction Survey, Ontario County **DSS** made an effort to ensure that beneficiaries, facility and social workers knew how to file a grievance. The IRF was developed and according to the district, about 100 IRFs have been filed to date under the waiver. The Vendor estimated the number of annual complaints that are considered valid and documented at about **8-10** a year, noting many are readily resolvable and sometimes come from the same people. "Complaints that are deemed valid are dealt with quickly," comments the Vendor. Additionally, the Vendor pointed out that schedules are available on all vehicles and all schedules have information about how to file a grievance. The Vendor further commented that clients know they can arrange travel through DSS, **so** presumably they know they can call DSS to complain. This sentiment was also expressed by DSS.

  In the auditor's opinion this is a flawed presumption; however, I was given a feeling the Vendor understood and was sympathetic to the special needs of their clients. An example regarded issues around daycare clients, a population who benefits from familiarity of transporters. Initially, there were always different drivers transporting this group, in response to complaints and suggestions, there has been some effort to have consistent drivers for this population.

  In an effort to maintain quality of transportation services, some taxi vendors originally subcontracted by CATS have been eliminated. DSS commented on a poor overall experience using taxi companies noting a "low priority" place on Medicaid transports by them. DSS and CATS have actively tried to correct the problem. Current subcontractors and drivers have been impressed upon to respect and provide equal if not high priority on Medicaid beneficiaries. There have been no fair-hearings under the waiver.

Opinions of the Waiver

Both CATS and Ontario County DSS are pleased with the waiver's performance to date noting only minor adjustments were needed and no complaints overall. The Transportation Program at DSS commented, "there is a lot of advantages to having (the waiver)" and reaffirmed, "It is the way to go," identifying the main benefit of the waiver as having only "one vendor responsible to you (the County)." She continues, brokering "could be done, but then you are tracking down a bunch of little companies and you face a slew of compliance issues, you have to force them in to compliance." "We (Ontario County) don't have the quality of service providers for (brokering), and I don't think most rural counties do."

ORANGE COUNTY

Background

Orange County Department of Social Services' (OCDSS) Non-emergency Medicaid Transportation waiver is unique in that it is limited to dialysis patients only. Orange County was also the only county to use the "Competitive Bid" model for the transportation waiver. In addition, payment is handled through the MMIS system. Any vendor who bids for this contract needed to have an MMIS number through which to bill.

The first waiver contract was held by Visconti Limo from March 1996- April 1998. The contract is currently held by Wheelchair Gateways (WCG). WCG and OCDSS transportation liaisons were present during the site visit made in November 2000.

According to OCDSS, the transition between Visconti Limo and WCG was smooth. DSS, Visconti and the dialysis centers orientated Wheelchair Gateways regarding "what to expect" from beneficiaries, and "what it will feel like.. .this client has a potential behavioral problem, this one may not be where they are supposed to be for pick up."

The common medical market area for the dialysis program in Orange County includes Middletown Dialysis Center, St. Luke's Hospital Dialysis Center, as well as physicians and hospitals in Middletown, Newburgh and Harriman, N.Y.

The dialysis trip is characterized as a "recurrent" trip. Dialysis population has regularly scheduled appointments, is relatively fixed, and is seen as the bread and butter of transportation companies. Thus, it was well suited for the Competitive Bid model. However, WCG's bid was *so* much lower than was expected for the contract, OCDSS' first responsibility was to ensure that WCG would be capable of providing transportation services at the bid price. Through grants and external funding, WCG was deemed qualified and able to provide the services at the bid price received the contract.

Cost Analysis

The "Costs Prior to Start-up" figure in the following table is based on adjudicated claims data for 40 Medicaid dialysis patients who required transportation assistance during the fiscal period 7/1/95-12/31/95. The County determined a monthly cost for dialysis transportation and then annualized the figures. (Orange Medicaid transportation Freedom Of Choice Waiver Application 7/1/96)

According to OCDSS, there had been no additional start up costs incurred by going to the waiver. Actually, an additional cost saving was realized by OCDSS under the waiver program, in the form of workload-relief. By removing the freedom of choice for transportation, the district was able to eliminate DSS personnel from transportation responsibilities other than prior authorization and general operational and grievance

resolution. Current costs are **$143,000** annually for **67** patients versus a projected . $700,000 for **40** patients based on costs prior to the waiver. Additionally, bill processing and payment has been streamlined by going from seven vendors to one Vendor under the waiver according to the **DSS.**

As shown in the analysis below, Orange County has exceeded the basic criterion for cost efficiency under the waiver by well surpassing the minimum targeted five percent (savings over the "Anticipated Expenditures Without Waiver Implementation." A total savings of **$2,504,813.36** was realized during the three full years of cost data analyzed.

e Utilization

Utilization of transportation for dialysis has increased since before the waiver. This primarily because the number of dialysis patients increased from **40** to as many as **69** clients, which has lead to a significant increase in the number of trips made. According to OCDSS there is as much as a fluctuation of **+/-10%** in this population annually, but it recently has reached an equilibrium.

- Cost Control Mechanisms

Dialysis patients often have other health problems and require other medical attention. There is an effort to schedule other medically necessary appointments on days and times when they can be handled as extra stops associated with their dialysis stop.

Route consolidation, traffic patterns and opportunities for group transportation are all central to increasing cost efficiency however, on the request of the dialysis centers, **DSS** and the Vendor did not require clients to change their dialysis schedules merely for the convenience of **DSS** or the Vendor.

County:	Orange			
Costs Prior to Start-up[1]	$1,000,521.72			
Year	**1996**	**1997**	**1998**	**1999**
NYSDOH Medicaid Annual % Increase	3.23%	1.72%	3.19%	6.41%
Cumulative NYSDOH Medicaid Annual % Increase (Summation of annual NYSDOH Medicaid Annual % Increase)	**3.23%**	**4.95%**	**8.14%**	**14.55%**
NYSDOH Medicaid Annual % Increase Adiustment (Costs Prior to Start-up * Cumulative NYSDOH Medicaid Annual % Increase)	**$32,316.85**	**$49,525.83**	**$81,442.47**	**$145,575.91**
Anticipated Expenditures w/o Waiver Implementation (AE w/o WI) (Costs Prior to Start-up + NYSDOH Medicaid Annual % Increase Adj.)	**$1,032,838.57**	**$1,050,047.55**	**$1,081,964.19**	**$1,146,097.63**
Target Expenditures (-5%) [Projected Expenditures - (Projected Expenditures * 5%)]	$981,196.64	$997,545.17	$1,027,865.98	$1,088,792.75
Actual Expenditures[2]	**No Data**	**$314,518.00**	**$274,323.00**	**$184,455.00**
Difference Between Anticipated and Actual Expenditures (AE without WI - Actual Expenditures)		**$735,529.55**	**$807,641.19**	**$961,642.63**
% Channe [(Actual Expenditures - AE without WI) / AE without WI]		**-70.05%**	**-74.65%**	**-83.91%**
Total Savings Under the Waiver for the Period Analvzed		**$2,504,813.36**		

[1] Orange County Medicaid Transportation Freedom of Choice Waiver Application xx/xx/96

[2] Source: RF2 Schedule E Jan1997-Dec1997 ORAN & FFY 1998-1999 and Current 12 Mo(10/99-9/00) Transportation History Files

Access to Care

OCDSS is responsible for prior authorizations, there is a single contact number, which is consistently answered by OCDSS personnel who handle all prior authorizations for the entire Medicaid transportation program in Orange County. OCDSS phone service hours are 4am to 12am. Because of the recurrent nature of the dialysis trip, the Vendor is able to count on these to be regularly scheduled so there is not much demand placed on the phone system by this particular cohort, thus phone services for making appointments appear to be adequate.

All transportation arrangements are preferably made at least three (3) days in advance. Unforeseen complications can arise with dialysis patients and can create a need for non-emergency *urgent or off-hour* care. Non-emergency, *urgent* care transportation arrangements must be made at least 24 hours in advance, but can usually be accommodated without problem because, the patients are all clearly authorized for transportation already.

According to both the DSS and the WCG, the *off-hour* service is required by the contract and is fulfilled when it is necessary. While they were not able to provide specifics, they reassured me that the WCG is always available via cell phone, and can fill the need whenever there is a request for *urgent* care transportation.

WCG hours of operation usually include a first drop at 6am (picking up the client may be as early as 4:40-5am), and a final pick up at 11:30pm (returning the client home by 12:30-12:50am). This indicates a maximum one way travel time of 1 hour and a window of pick up to and from the dialysis centers of 20 minutes. This follows in suit with the schedules of the two Dialysis centers that currently service this population, and falls well within the requirements of the waiver program.

Beneficiaries were notified by mailing and subsequently contacted by the Vendor regarding the change in services, vendor name, contact number and the effective dates. Initially when the OCDSS dialysis transportation program moved from individual to group transportation, it created some inconvenience and some clients had issues, but most clients' fears were dismissed early in the contract period according to the DSS. Both OCDSS and WCG agreed that MA recipients are able to arrange for transportation with minimal hassle under the transportation waiver program in Orange County.

In an effort to guarantee access to care and transportation for all clients, OCDSS contracts for interpretive services for through AT&T Language Line services. Though it was noted that most foreign speaking beneficiaries usually have a family member who serves as interpreter, but the service is available if the need exists. Additionally, transportation of the handicapped is ensured by driver assistance when necessary, and all transport vans are equipped with hydraulic lifts and wheelchair tie-downs to ensure safety. DSS coordinates periodic meetings-between WCG and Dialysis centers. Clients are encouraged to submit concerns, address issues (pro/con). Centers are also encouraged to provide feedback.

In **1997** the OCDSS conducted beneficiary and provider satisfaction surveys. . The beneficiary satisfaction surveys were sent to **69** clients **24** surveys were returned to OCDSS within 30 days and were included in their final report. "The survey results... indicate that most often clients felt that services from the Vendor were adequate and their service needs were being met most times if not ***always."***

The survey of dialysis centers inquired regarding each individual Medicaid client they treat who receives transportation services. Only Middletown Dialysis Center returned surveys by the time OCDSS produced the report (St. Luke's Dialysis had not responded.) "The survey results based on **44** responses, indicate that the transportation services are appropriate most times if not ***always."***

While the majority of the issues addressed in the surveys were rated very positively, some issues stood out as areas of concern. These include a universal lack . of driver identification in the vans or on the drivers that was readily visible to the recipients and caregivers. In addition, it was suggested by dialysis centers that a few clients were possibly able to utilize a less specialized form of transportation (taxi) or even drive themselves; however, without specific information about the individual clients it **is** difficult if not impossible to speculate.

On the positive side, there was good agreement between beneficiary and Dialysis Center ratings for punctuality of drop-off and pick-up, adequate driver assistance on/off vehicles and in to/out of clinics, and adequate wheelchair securing when appropriate. In addition, the majority of beneficiaries said that drivers checked their seatbelts most times if not ***always,*** the van's climate was appropriate for the weather and transport vehicles were kept in a clean and sanitary condition. Drivers were almost universally rated as courteous.

A number of beneficiaries were noted as being difficult to deal with and punctuality on Saturdays was noted as being an occasional problem from the dialysis center perspective.

OCDSS did not inquire regarding beneficiary knowledge or understanding of the grievance process. At the time the survey was administered, the dialysis center and a couple of beneficiaries did comment that it was rather early in the waiver to be measuring beneficiary satisfaction. The DSS is planning a new beneficiary satisfaction survey for 2001 in order to assess satisfaction under WCG.

Quality of Transportation

WCG handles all non-emergency transportation of Medicaid dialysis patients for OCDSS. They do not subcontract with any other transporters; thus, it is important that they are constantly on call. They own all of their own vehicles, and employ a full time in-house mechanic. Drivers are required to fill out daily in/out report sheets noting before and after mileage and detailed vehicle condition checklist. **As** required by Article

19A, all vehicles are subject to a New York State Department of Transportation (NYSDOT) inspection twice per year. Additionally, WCG maintains all records required by the contract and by Article 19 A. Visual confirmation was not possible as the interview with WCG was held at OCDSS building.

WCG has been operating in **NYS** for the last seven **(7)** years, and dealing directly with Medicaid for the last three (3) years. Thus they had minimal experience with the population prior to the original contract other than possible contact with the population through other transportation services.

In addition to Orange County, WCG operates in six **(6)** other NYS counties within the Hudson Valley Region including Rockland, Westchester, Putnam, Sullivan, Dutchess, and parts of NYC. WCG is directly involved in Medicaid transportation for Orange and Rockland Counties only.

- Grievance Procedures

  Regarding grievance and fair hearing procedures, OCDSS claims that all beneficiaries are notified at time of enrollment and through subsequent mailings to existing beneficiaries. All complaints are handled by DSS. Usually, complaints can be worked out through phone calls. If necessary, formal complaints must be submitted in writing, and **if** need be, **a** conference is set up with the **DSS,** the Vendor and the beneficiary, clinic or representative. OCDSS commented that beneficiaries are informed regarding their right to fair hearings if they are denied transportation.

  When prompted as to what assurances are in place that guarantee beneficiary notification and understanding of the grievance process and how it works, the district commented that dialysis centers have social workers on staff who work directly with the beneficiaries. "They keep close tabs on the MA recipients and often they act as a mouthpiece for the recipients."

  OCDSS identified typical complaints as lateness, mishandling of client, clients not being where they are supposed to be for pick up to their dialysis appointment by dialysis centers, recipients (and centers or homes) and drivers respectively. So far, there have been no requests for fair hearings under the waiver.

  There was a case where a passenger, who had a tendency to slump in her wheelchair, was not properly secured with her seatbelt and slid down through their harness during the return trip from dialysis. She was not seriously injured and there was a client non-cooperation component involved. At the residential home another passenger reported it and a nurse complained to the driver who disregarded the complaint and allegedly was rude or unremorseful. The driver was slow to report the incident to WGG and **DSS** subsequently received a complaint from the home without being previously notified of the incident by WCG.

According to Dialysis centers this was not the only time something like this had happened. Another "incident" involved an accident with a deer; however, no one was injured. Again, WCG were slow to notify OCDSS noting that they had not received a police report yet.

As a result, OCDSS arranged for a formal meeting with WCG and made it clear that drivers are to report any and all incidents immediately and to keep notes on complaints. The Incident Reporting Protocol represents the single change that has been made under the current contract. Now, OCDSS requires that the Vendor reports all incidents by phone within a certain period of time, and additionally submit a formal report.

Opinions of the Waiver

When the Vendor personnel were prompted for an opinion of how the waiver and contract have been working out to date, they responded that it was "very demanding," good overall and "we are delivering". The contract was bigger than WCG had anticipated, but he performed adequately and was contracted for an additional year under the provisions of the waiver.

When the Vendor was prompted regarding what they would change about the current conditions, contractual and otherwise, under the waiver program, they suggested renegotiating the rate for additional stops. (NOTE: Currently, additional stop costs DSS $15.00, and must be with in a ten (10) mile radius of the dialysis center. Stops beyond the ten-mile radius are charged regular ambulette rates. According to OCDSS, the ten-mile radius easily covers a large majority of the hospitals and physicians, so multiple appointment trips can be arranged at a significantly discounted rate.)

When the district was prompted regarding contract performance to date, they responded that they were satisfied, both financially and with respect to the contract performance. They also noted that there have been no failures, only some lateness issues and they (WCG) are good with short notice/off hour trip scheduling and execution. When asked what they might change about the waiver if they had the opportunity to start over again, they "would consider including spot checks, and [other] inspections done by the district."

The district monitors Vendor performance through feedback from dialysis centers. The dialysis centers are "very open" according to the DSS. She also notes that there are 2 sides to every problem, and most often problems are communication based. Additionally beneficiary and dialysis center satisfaction surveys were done in 1997 (the first year of the contract) under Visconti Limo.

The Vendor WCG rated the OCDSS "very good overall" with respect to communication, availability, response time for requests for assistance/support,

response time for grievance reports, grievance investigation (thoroughness, timeliness), and grievance resolution (fairness, timeliness).

The district rated WCG as good overall. With respect to communication, availability, pick-up punctuality, response time for off-hour urgent care, response time for off-hour non-urgent care, and off-hour service overall, the district commented that WCG is always a cell phone call away. With respect to response time in reporting grievance/complaints, the district commented that they are sometimes slow to report as previously mentioned. Regarding grievance investigation (accommodating), grievance resolution (accepting, follow through), consistency of service/performance, and quality of transportation fleet, they were rated as good by the district.

The district did comment that they wished WCG was better staffed, but again noted that WCG and his wife often stepped in to provide transportation themselves when there was need. Additionally, WCG's transport personnel (re: congeniality, behavior, language), treatment of MA recipients, coordination of travel routes and group transportation, and personnel ability to deal with and handle the Medicaid population they serve, were all given a good rating by OCDSS.

Evaluation Tool

New York State

Non-emergency Medicaid Transportation Waiver

Questions Used For Onsite Interviews

NYS Medicaid Non-Emergency Transportation Waiver Program
DistrictNendor Evaluation Tool

County/District:
Name of **DSS** Liaison: Phone Number:
Vendor/Coordinator Company: Vendor Phone:
Transportation Model:

I. Cost Effectiveness:

Billing Method: **MMIS** ____ Access ____

Trend Factor(s):

	Projected Cost with out the waiver program	Actual Cost under the waiver program	% savings Projected vs. Actual	New Admin. Costs?	Rating (Worse, Good, Better)
1997					
1998					
1999					
3 Yr. **Avg.**					

Comments:
Fiscal Year of cost data used for projected cost:
Source of the cost data:
Background:
Transition to Waiver/between contracts:
No Shows:

1. How many DSS personnel were involved in Transportation before/after the introduction of the waiver program?

2. What agency responsible for Prior Authorization?

3. Did you incur additional costs? (New administrative costs? Any new spending?)

4. Does district require monthly utilization and cost data from the vendor? (How is it working out?)

II. Access to Care:

5. How were beneficiaries notified of the changes in service? (D)

A. Is there a single contact phone number for beneficiaries to call?

B. Who answers the phone?

C. **Is** there consistency in who answers the phone?

D. How far in advance must transportation arrangements be made?

E. Qualifications of answerer?

F. Local or toll call for all **MA?**

G. What are your hours of operation?

H. What is your "window of pick-up"?

I. Off Hour Procedure:

- What assurance/standards are in place to guarantee access to timely authorization of *urgent care* transportation requests?
- What assurance/standards are in place to guarantee access to timely authorization of *off-hour calls* for *urgent care* transportation?
- What is your response time to *off-hour* calls (regardless of apparent urgency)?
- Does the "window of pick-up" different for *off-hour* calls?

How are *late* requests for non-urgent transportation addressed? **(V)**

6. Are there any populations that were served by **MA** transportation prior to implementation of the waiver that are no longer served under the waiver? If yes,

how are they served presently? Are there any populations that were served under the waiver that are no longer served? Explain.

7. Has mandatory Medicaid managed care (MMC) effected transportation demand in your district?

8. How are you (vendor or district) monitoring access to care and quality of transportation services?

9. Have there been any changes made to the way in which transportation services are provided/handled (under the waiver) since implementation of the waiver program? If yes, what are they?

10. Has utilization/usage changed (increased, decreased, fluctuated in any way) since the introduction of the waiver? If yes, provide details.

11. What are drivers for usage/utilization effected patient access to care: the quality of service provided; ability of the vendor to provide services contracted for, at the price contracted?

12. How do you deal with short notice/last minute schedule modifications (e.g. unexpected weather conditions, calls for urgent care on days of harsh weather, periods of increased demand, etc.)?

13. Does vendorlcoordinator sub-contract with any other transportation providers?

14. Are MA recipients able to arrange for transportation with minimal hassle under the transportation waiver program in your district?

15. How do you measure beneficiary perception of and satisfaction with access to care under the waiver program?

How are the handicapped guaranteed transportation?

III. Quality of Transportation Service:

16. Does vendor own transport vehicles?

17. What is the district's opinion of how the waiver and contract have been, working out to date?

18. If district could start over again what would they change about the current conditions, contractual and otherwise, under the waiver program?

19. How does district monitor vendor performance?

20. Does the District inspect the Vehicles used in **MA** transport? (Formal or informal? Spot checks? How frequently? When was the last time?)

21. Does the District ever ride the routes? (How frequently? When was the last time?)

22. Are there detailed grievance (district and vendor) and fair hearing (district) procedures in place?

23. What is the grievance/complaint follow-up procedure?
- How does vendor respond to grievances/complaints?
- How long does it take for you to respond to a grievance/complaint?
- Who handles grievance investigations? (Name, phone number, agency)
- Who handles grievance resolution? (Name, phone number, agency)
- Satisfaction with grievance procedure:

24. How are beneficiaries notified of the grievance process?

25. What assurances are in place that guarantee beneficiary notification and understanding of the grievance process and how it works?

26. What methods do you employ to promote free exchange with / feedback from recipients?

27. How do you measure beneficiary and provider knowledge of the grievance process?

28. How do you insure beneficiary and provider knowledge of the grievance process?

29. How is beneficiary satisfaction with the transportation provider measured?

30. What types of complaints have you had?
(E.g. Tardiness, missed pick-ups, missed appointments, comfort, functionality of vehicles, driver congeniality, other recipients, aides, liaison assistance, phone services, interpretive services, appropriateness of mode of transport, condition of transport vehicle, etc.)

31. How many complaints have you had since implementation of the waiver program?

32. Who have the complaints come from (e.g. recipients, PCPs, vendor, aides, guardians, drivers, etc.)? Who, What, Where, Have there been extenuating circumstances surrounding the complaints? Examples?

33. How many fair hearings have you had since inception of the waiver program? What have been the results of these fair hearings?

34. Does the vendor keep adequate records of grievances/complaints/fair hearings/resolutions? (40.)

35. Does the district keep adequate records of grievances/complaints/fair hearings/resolutions? (41.)

36. District rating of vendor: (42.)

- Communication:
- Availability:
- Pick-up punctuality:
- Response time for off-hour urgent care:
- Response time for off-hour non-urgent care:
- Off-hour service overall:
- Response time in reporting grievance/complaints:

- Grievance reporting overall:
- Grievance investigation (accommodating?):
- Grievance resolution (accepting, follow through?):
- Consistency of service/performance:
- Transportation fleet:
- Office personnel:
- Transport personnel (re: congeniality, behavior, language):
- Treatment of MA recipients:
- Coordination of travel routes and group transportation:
- Personnel training for dealing with and handling the Medicaid population they serve (i.e. impoverished, handicapped and/or developmentally disabled clients):
- Personnel ability to deal with and handle the Medicaid population they serve:
- Grievance/complaint record keeping: